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**Healing through Culturally Embedded Practice:
An Investigation of Counsellors' and Clients' Experiences of
Buddhist Counselling in Thailand**

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Abstract

This thesis is concerned with an exploration of counsellors' and clients' lived experiences of Buddhist Counselling, an indigenous Buddhist-based counselling approach in Thailand. Over the past decade, Buddhist Counselling has received a growing interest from Thai counselling trainees and practitioners, and it has also expanded to serve Thai people in various settings.

Research on Buddhist Counselling is very limited and most of the existing studies in the field have focused on measuring the effectiveness of the approach. While these studies have consistently indicated the positive effects of Buddhist Counselling on psychological improvement across several population groups, the significant questions of how Buddhist Counselling brings about such outcome and how it is experienced are still largely unanswered. Moreover, existing research is concentrated much more on clients' views than counsellors' views, although counsellors' views of their counselling practice can also serve as a knowledge base of the field. This thesis thus sets out to contribute to rectifying this omission by exploring Buddhist Counselling from the perspectives of both counsellors and clients.

The thesis is based on two qualitative studies. The first study addressed Buddhist Counselling from the perspective of five counsellors through a focus group and semi-structured interviews. The second study explored Buddhist Counselling from the perspective of three clients, using two semi-structured interviews with each of them. All data received were analysed using interpretative phenomenological analysis (IPA).

The study reveals counsellors' and clients' overall positive experience of engaging in Buddhist Counselling. Central to the accounts of the counsellors are the following perceptions: that their practice of Buddhist Counselling is culturally congruent with the existing values and beliefs of both themselves and their clients; that their personal and professional congruence is key to their therapeutic efficacy; and that they enhance such congruence through their application of Buddhist ideas and practices in their daily lives. Key to the clients' accounts is their emphasis on the significant roles of the counsellors' Buddhist ideas and personal qualities, and of their religious practices in facilitating healing and change. Key shared findings from both studies reveal that the participants' accounts of their cultural background and their experiences of Buddhist Counselling are intertwined. Adopting hermeneutics to address this intertwinement, I reveal the cultural and moral dimensions underlying the practice of Buddhist Counselling. Based on such revelation, I suggest that Buddhist Counselling in particular, as well as psychotherapy in general, should be better understood as a historically situated, culturally bound, and morally constituted activity of people who are concerned with improving the quality of their lives and their community, rather than the transcultural and merely relational work of morally-neutral practitioners.

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Declaration

I certify:

- (a) that the thesis has been composed by myself, and
- (b) that this thesis is my own original work, and
- (c) that this thesis has not been submitted for any other degree or qualification.

(Chomphunut Srichannil)

Chapter 1

Research background and introduction

We cannot begin with only the person; nor can we begin with only culture. We must begin with both as an interaction. It is important to understand that human beings live in relation to their own creations. (Katonah, 2006, p.66)

1.1 The culturally-embedded self as a means to research ends

This thesis is concerned with an exploration of counsellors' and clients' lived experiences of Buddhist Counselling in Thailand, a Buddhist-based counselling approach recently developed in Thailand¹. I would like to start my thesis with a consideration of the principal finding which emerged in the course of the research. In doing so, I hope to reveal what I discovered from this research and from there I will gradually demonstrate throughout the thesis how I reached such a discovery.

I actually did not begin this research with an understanding of *Buddhist Counselling as a culturally and morally embedded practice*. Over the course of this research, I have repeatedly heard my participants talking about the relationship between their cultural background and their experience of Buddhist Counselling. Such emphasis from my participants then became the central focus of my thesis. Through thinking, reading and writing over the past few years, I have eventually come to the realisation that Buddhist Counselling, like all forms of counselling and psychotherapy, is a culturally and morally embedded practice which makes use of its own cultural heritage. In this thesis, I aim to demonstrate this new understanding through participants' accounts of their experience of Buddhist Counselling and through my interpretations of these accounts.

In doing so, I have found that parts of myself, including my own interest, experience, values, and knowledge, have had a significant influence on the research. Over the progress

¹ While the term "Buddhist Counselling" is used in this thesis as a fixed term referring to a particular Thai Buddhist-based counselling approach, later in this thesis the terms "counselling", "psychotherapy", and also "therapy" are used interchangeably to collectively refer to "listening-and talking-based methods of addressing psychological and psychosomatic problems and change" (Feltham, 2012, p. 3). My decision is based on the fact that the distinctions between these words are still under the subject of considerable debate (McLeod, 2009), and that I situate my study within the wider field of counselling and psychotherapy.

of the research, it has also become very clear to me that I cannot separate myself from the cultural world which I inhabit. From now on I will refer to the cultural influence on myself as *my culturally-embedded self*. Such awareness has led me to see that my culturally-embedded self has played a significant role in my motivation to do this research (and later, my conduct of the research). Indeed, I cannot help but bring my personal values, previous knowledge, understandings, and experiences, which have fundamentally been shaped by my cultural and professional embeddedness in Thailand, into the research.

1.1.1 The relevance of my cultural embeddedness and Buddhist Counselling

Long before I knew counselling, I already knew Buddhism. As with the majority of Thais, I was born into a Buddhist family, in a predominantly Buddhist country, where I inevitably absorbed the cultural values and worldview that have been handed down by Buddhism. Buddhist temples can be seen almost everywhere in Thailand, and Buddhist beliefs and concepts were both implicitly and explicitly directed to me, for example, through mass media, education, and conversations with parents and others. My familiarity with Buddhism undoubtedly began at home. When I was young I routinely heard *dharma* talks (i.e., Buddhist teachings) from my (now deceased) grandmother's favourite radio and television channels. My family (i.e., my parents and my grandmother) told me that listening to and following Buddhist teachings were good things to do as these could help me to become a better person and to have a better life. I was also told by my family that *thum-bun*² (ทศบุญ) is also a very good thing to do in order to enrich my life with happiness, peace, luck, and success. Following religious rituals, we believe, enables us to collect more *bun* (merit or good deeds; บุญ); and the more *bun* we collect, the better life we are likely to achieve. Due to this internalised belief, I am not surprised to remember my feeling of fulfilment when attending Buddhist rituals with my family, and for me these attendances played a significant role in my familiarity with various kinds of Buddhist traditions. Inevitably, the voices that I have long heard from my family about Buddhism have taken fundamental and powerful root in my personal values and positive perceptions about Buddhism.

² *Thum-bun* involves participating in Buddhist religious rituals. The most popular forms of *thum-bun* for my family, and also for many Thais involve, for example, going to temples to offer alms, worshipping in front of a statue of the Buddha, donating, and listening to dharma talks.

Later, when I went to school, I also heard similar messages about Buddhism from my friends, and in a more systematic way from my teachers. During my time both in primary and secondary schools, I had to attend a Buddhist class once a week every semester. In these Buddhist classes, I was taught about the history of Buddhism, a range of Buddhist principles, and the practice of meditation. I generally enjoyed these Buddhist classes and usually got good grades in them. As a result of such continual inputs, my basic knowledge of and my familiarity with Buddhism was significantly enhanced by these Buddhist classes year after year. Alongside this Buddhist input from my schools, my family continued to be the most powerful source of support for my deeper engagement in Buddhism. As far as I remember, there were at least three main occasions when I was overwhelmingly encouraged by my family to seriously engage in Buddhism, and such continual support from my family significantly influenced my perceptions and values of Buddhism as an ideal way of living.

My first serious engagement with Buddhism occurred during my primary school when I was around 10 years old. At that time, I was encouraged by my grandmother to attend a Buddhist course that was held every weekend for around six months in a Buddhist temple near my house. This course was actually a basic programme designed especially for novice monks to learn about Buddhist teachings. However, it was also open to everyone interested in learning more deeply about Buddhism. So, I attended this course with many lay adults and some other children. At that time, I felt that I would rather play than attend such a boring and difficult class. Despite those negative feelings, I attended all the classes as my family promised to give me an expensive watch as a reward if I completed the course. Such an offer from my family made me link the value of the expensive watch to the value of Buddhism. After finishing this course, although I still found Buddhist teachings boring and too difficult to understand at my age, Buddhist technical terms and concepts became familiar to me.

My second experience of deep engagement with Buddhism happened when I was about 14 years old, studying in a secondary school. I attended a five-day Buddhist retreat (again, encouraged by my family), which involved listening to dharma talks and practising Buddhist meditation. My family seemed to believe that this Buddhist path could shape me to become a good girl, a girl who was well behaved, mindful, thoughtful, and especially grateful to her parents and others who supported her. Through meditating and listening to a monk teaching about how impermanent things are, especially our lives, our parents and our loved ones, I gained a deeper appreciation of the Buddhist concept of impermanence. At that time, my

realisation of the impermanent relationship between my family members and me changed the way I spoke and behaved with them. I felt that I was more helpful, gentle, and kinder towards them. This was the first time that Buddhist teachings proved their effectiveness for me.

My third and perhaps most formal experience of engaging in Buddhism happened just before I went to a university at the age of 18. This time, again with the encouragement of my family, I decided to live as a Buddhist nun for 5 days in a Buddhist temple. We believed that this would be a good way to get me ready to face the next big step of my life, going to university. We also believed that I would gain a great deal of *bun* from this ordination, and the *bun* I gained might bring me some luck in the future. The daily routine in my monastic life included having only two meals a day, chanting in the early morning, learning some Buddhist teachings in the afternoon, and meditating at night.

In my teenage years, whilst doing my first degree and when I started to think more independently, I found that I was much less interested and active in Buddhism. During that time, although I still frequently visited Buddhist temples with my family to observe Buddhist rituals, I did not pay much attention to Buddhist concepts or practices anymore. Despite being inactive, however, I passively heard people both in real life and in the media talking about Buddhism. Although my personal relationship with Buddhism was up and down along the way, I cannot deny that those outside voices which I have heard all my life extolling the high value of Buddhism successfully and deeply took root inside me.

My interest in Buddhism came alive again when I began my Masters study in Counselling Psychology at a Thai university between 2004 and 2007. Prior to this study, I did not expect to come across Buddhist Counselling. I actually imagined that I would be exposed to various Western counselling theories and practices, such as gestalt therapy, client-centred therapy, and cognitive behaviour therapy, that were dominant in the field of counselling psychology in Thailand at that time. Although I was introduced to many Western counselling theories, and was initially trained to develop my essential counselling skills through the client-centred approach, the focus of the programme concerned the integration of Buddhist concepts of suffering into our counselling practice. Due to this focus, I had a chance to reconnect myself with the core of Buddhist teachings, namely *The Four Noble Truths*, through the book called “Buddhatham” written by Payutto (1971/2009). Although I had heard about these Buddhist

core concepts and was already familiar with the surface meaning of each Truth, the first time I read this book I was struck by its sophisticated examination of the human mind and felt that I could relate my experience of suffering to the texts. I felt that this was the first time that I really came to know about Buddhism. As part of the programme I was encouraged to bring my understanding of the texts to examine the lived experience of my own suffering. This really encouraged me to use myself as a primary source to study the nature of the human mind. As a result of this training, I felt that what I gained was not only some ability to psychologically help others, but also and more importantly an ability to help myself when suffering.

To summarise thus far, I have tried to demonstrate that my relationship to Buddhist Counselling has a short history, but a long past. I did not come to Buddhist Counselling with nothing, but carried my ingrained Buddhist worldview into my counselling training. In other words, training in Buddhist Counselling helped me to see the value of what I already had, to advance it, and then to make use of it on myself and with others. This means that it helped me to reconcile the old realm of my personal identity as a Thai Buddhist with the new realm of my professional identity as a Buddhist Counselling trainee. I should point out that I use the word *trainee* here rather than *counsellor* as I am reluctant to identify myself as a Buddhist counsellor. Prior to my PhD study, although I occasionally worked with clients using Buddhist Counselling, my main job was lecturing. This means that while I have some familiarity with the phenomenon under study, I also have a certain distance from it. In my opinion, this standpoint allows me to move back and forth between familiarity and strangeness, and such a movement has the potential to enhance my understanding of the phenomenon under investigation.

Being deeply embedded in a Buddhist family and country and also having been trained in Buddhist Counselling, my understanding of Buddhist Counselling must have been significantly influenced by such cultural and training backgrounds. In the next section, I will further describe the impact of my previous training in Buddhist Counselling on my motivation to pursue this research.

1.1.2 The impact of Buddhist Counselling training on my research interest

Although I did not fully continue practising Buddhist Counselling after graduating, Buddhist Counselling has always been my personal and professional interest. I think that this interest

came, at least to a certain extent, from my personal perception of Buddhism and counselling as potential ways of healing, especially when these two realms were integrated and conducted in the place where Buddhism has already been a significant part of both counsellors' and clients' lives.

Since my training in this approach I have had a long-standing interest in hearing practitioners in Buddhist Counselling talk about their therapeutic practice. During my counselling training, we, the Buddhist counsellor trainees, frequently engaged in group supervision set up and run by our counselling trainer. The main aim of this group was to help us to explore our personal experiences of practising Buddhist Counselling. This group involved a discussion of issues around, for example, what we did in our counselling sessions, our experience of struggles and difficulties, and what we learned and developed from our therapeutic practice with clients. I found this sharing very rich, compelling, and insightful and felt that I learned a great deal from others' therapeutic experience. From this experience, I thought that this kind of practitioners' lived experience of their therapeutic practice can indeed serve as a knowledge base for our professional practice. Despite such obvious benefits of research on this topic, I was surprised by the dearth of research on the counsellors' experiential accounts of their Buddhist Counselling practice.

I have also been keen on understanding how clients feel and think about their experiences of Buddhist Counselling. Such understanding would be valuable for providing potential ways to enhance the quality of our counselling work with clients. However, throughout the period of my counselling training, I rarely heard the actual voices of clients reflecting on their personal experiences of Buddhist Counselling. Although we had questionnaires, I think that they merely provided superficial feedback from clients. Not hearing the actual voices of clients meant that we missed a great opportunity to have a better understanding of our therapeutic practice from the insider perspective of clients. Ultimately, such a lack diminishes our opportunity to make improvements in our counselling practice.

It was this training experience that planted the seed of my interest in exploring the insider perspectives of both the counsellor's and the client's experiences of Buddhist Counselling. This research interest was further fuelled by the gap which I found in the current body of knowledge about Buddhist Counselling.

1.1.3 The influence of previous research on my current research choice

Following the positivist research paradigm, which was dominant in the field at the time of my counselling training, my Master's dissertation was quantitative research based on my own counselling practice, involving the evaluation of the effects of group Buddhist Counselling on clients' life satisfaction using a quasi-experimental design. Although this quantitative research provided a broad understanding of Buddhist Counselling in terms of its effectiveness in enhancing the clients' life satisfaction, I was still puzzled by the question of how Buddhist Counselling helped clients and how it was actually experienced. In line with my previous research, the main focus of other empirical studies on Buddhist Counselling in Thailand (see Chapter 2) was also to examine the effectiveness of the approach with various groups of clients using quantitative methods. Such evaluations of effectiveness were made through ratings made by a researcher or a counsellor, rather than inductively from the clients' own views. In essence, the subjective experiential dimension of Buddhist Counselling, namely how counsellors and clients think and feel about their experiences of Buddhist Counselling, has largely been ignored in the current literature.

In my thesis, I argue that to further advance an understanding of the counsellors' and clients' lived experiences of Buddhist Counselling, qualitative inquiry which is specifically designed to capture the complexity of human experience is thus required. More precisely, what encourages me to explore Buddhist Counselling through a qualitative inquiry includes the following: a) my personal interest in the counsellors' and clients' experiences of Buddhist Counselling, as described in this chapter; b) the absence of research exploring the counsellors' and clients' lived experiences of Buddhist Counselling, as delineated here and as further shown in Chapter 2; c) my recognition of the limitations of quantitative inquiry for understanding human experience, as will be discussed in Chapter 3; and d) my recognition of the potential and the relevance of qualitative inquiry to a study of human experience and to the disciplines of counselling and psychotherapy, as will also be elaborated in Chapter 3.

In summary, in this introductory chapter I have provided the background of my research by sharing the personal experiences, values, and beliefs that have led me to pursue this research project. Before moving to the next chapter of the thesis, I give an overview of the remaining chapters.

1.2 Overview of thesis chapters

In Chapter 2, I set the scene for this thesis by reviewing the literature pertaining to the research contexts. This includes my discussion on the sociocultural context of Buddhist Counselling in Thailand, indigenous forms of healing practices in Thailand, the development and current status of the counselling profession in Thailand, and the theoretical framework of Buddhist Counselling. All of these explorations have led me to situate my research within the wider field of the indigenisation of counselling. This chapter also focuses on the handful of existing studies of Buddhist Counselling, and on a limited body of qualitative research on counsellors' and clients' experiences of therapies. My review of this related literature points towards gaps in what we currently know. In the light of these identified gaps, I end this chapter by indicating a need for research on counsellors' and clients' lived experiences of Buddhist Counselling that pays attention to the cultural elements underlying personal meanings of psychotherapy, and by proposing that hermeneutics can be a useful resource for addressing such matter.

Chapter 3 provides the conceptual foundation of my research. I begin this chapter by addressing the limitations of the positivistic tradition which has informed most of the empirical studies on Buddhist Counselling. The recognition of this limitation then leads me to consider contextual constructionism as an alternative way for understanding counsellors' and clients' experiences of Buddhist Counselling. Finally, I discuss the theoretical foundations of IPA (i.e., my chosen methodology) and justify my research design and methodological decisions.

Chapter 4 details how I conducted and analysed the two empirical studies of this thesis. Alongside such descriptions, I also provide a careful discussion of the theoretical and practical issues relating to the research implementation adopted in the study. The aim of this chapter is to provide as much detail of my research conduct as possible in order to make the research processes as transparent to the reader as possible.

In Chapters 5 and 6, I present the empirical studies of the thesis. Chapter 5 is devoted to the findings on the counsellors' experiences of Buddhist Counselling in Thailand. Within this chapter, I detail how counsellors understand the process of Buddhist Counselling and the meanings that they give to their experience of this practice. Chapter 6 is devoted to the findings on the clients' experiences of Buddhist Counselling. In this chapter, I chronologically

detail how clients make sense of their therapeutic experience, starting from themes relating to the clients' experiences of seeking counselling, and to the clients' perceptions about their counsellors and about the process as well as the impact of Buddhist Counselling.

In Chapter 7, I discuss the findings presented in Chapters 5 and 6 in relation to the theoretical and empirical literature. After my separate discussion of the findings from each study, I bring together the main findings from these two studies and discuss them in the light of hermeneutics, in order to discern the cultural and moral elements underlying the personal meanings of Buddhist Counselling. Throughout this chapter, I also highlight the contributions of my study to knowledge in the field of Buddhist Counselling and also to the wider field of counselling and psychotherapy.

Finally, in Chapter 8, I conclude the thesis by offering my reflexive comments on how I influenced and was influenced by this research. I also discuss the limitations of my research, the implications of my findings for counselling training and practice, and the overall contributions of my research to the field of counselling research, as well as some key suggestions for future research.

Chapter 2

Literature review

2.1 Introduction

As suggested by the title of my thesis, in this chapter I set the scene for the remaining parts of my thesis by exploring the three key concepts contained in the title: “Buddhist Counselling in Thailand”, “Counsellors’ experiences of (Buddhist) counselling”, and “Clients’ experiences of (Buddhist) counselling”. Throughout this chapter, I have attempted to maintain a selective focus on areas that are most relevant to my research.

I begin this chapter by situating Buddhist Counselling in its own contexts. Within this section, I provide a brief description of Thailand and Thai Buddhism, and a description of the core of Buddhist teachings which is called “the Four Noble Truths”, the main Buddhist principles underpinning the theoretical framework of Buddhist Counselling. Following this, I present indigenous ways of psychological healing among the majority of Thais which are influenced by Buddhist teachings and rituals. I then move onto situating Buddhist Counselling within the indigenisation movement of counselling in non-Western cultures and within the development of the Thai counselling profession. Finally, I delineate a basic model of the Buddhist Counselling process and differentiate Buddhist Counselling in Thailand from other Buddhist-informed psychotherapies.

Given my particular interest in exploring counsellors’ and clients’ experiences of Buddhist Counselling, I explore available research that explored these areas in detail. This involves reviewing a range of relevant quantitative and qualitative studies. As qualitative inquiry is particularly resonant with the aim of my study, I explore the small body of those qualitative studies in more detail. However, as these qualitative studies are limited, I expand my literature review to include qualitative studies on counsellors’ and clients’ experiences of psychotherapy in general. Based on these reviews, I identify the following wide gaps in the current literature: a) there is a dearth of research that seeks to explore counsellors’ and clients’ subjective experiences of Buddhist Counselling and also of psychotherapy in general; and b) the reviewed studies have focused only on individual and relational aspects of the therapeutic experiences, leaving the cultural and moral elements of them unattended. These identified gaps have helped me in the refinement of my research focus and also led me to a

consideration of adopting hermeneutics to rectify the omission of cultural and moral aspects of the therapeutic experiences in the existing research.

2.2 Situating Buddhist Counselling within its historical and cultural contexts

Buddhist Counselling is a form of psychotherapy based on Buddhist principles that has been recently developed in Thailand and mainly for Thai people.

Thailand is located in the centre of Southeast Asia and is considered to be a Buddhist country where the majority of Thais are Buddhists. According to the most recent data reported by Central Intelligence Agency (2014), among more than 67 million of Thai population, 93.6% are followers of Theravada Buddhism, 4.9% of the population are Muslim, 1.2% are Christian, and 0.2% belong to other religions, such as Mahayana Buddhists, Taoists, Confucians, and Hindus, or have no religion. Theravada Buddhism is regarded as the most orthodox school of Buddhism because its teachings and practices are based on the *Pali* canon, the collection of the oldest written scriptures that are believed to be composed from the Buddha's own words (Powers, 2000). It is called the Pali canon because it was written in Pali language³ (Gethin, 1998). It is believed that Theravada Buddhism became the religion of most Thais in the thirteenth century when the first Thai kingdom, namely Sukhothai kingdom, was established (Kirsch, 1977; Olson, 1997; Powers, 2000).

Thailand consists of 76 provinces and four regions: Central, North Eastern, Northern, and Southern. Despite having ethnic variations, Thailand's population is seen as relatively homogeneous. The major unifying force is considered to be the influence of Buddhism (Powers, 2000). An ethnographic research conducted by Burnard and Naiyapatana (2004) reported that when Thai participants were asked what it means to be Thai, they generally said to be Buddhist. This finding suggests a close relationship between Thai-ness and Buddhism.

This close relationship can be seen in various aspects of Thai life. For example, as with other religions, Buddhism is an integral part of Thai life from birth to death (Na-Rangsi, 1993). The influence of Pali on Thai language is another notable example. Among foreign languages,

³ Pali is the language of the scriptures of the Theravada (or Hinayana) school of Buddhism. It is grouped into Indo-European languages and is thought to be an ancient India language in which the Buddhist scriptures were first written. It has also had a great influence on Thai language (Kiyoshi, 1986).

Pali is regarded as the most influential language in both spoken and written standard Thai; more than 60-70% of Thai words are borrowed from Pali (Powers, 2000). For instance, the Thai word duk (ทุกข์) which is commonly translated as *suffering*, derives from the Pali word dukkha. The Thai word dharm (ธรรม), meaning Buddhist teachings, has its root in the Pali word dhamma. Sati (สติ) in Thai, commonly translated as mindfulness or awareness, is directly borrowed from the Pali word sati.

Although the Thai population is generally considered to be relatively homogeneous in terms of religion, ethnicity, and language (Knodel, Soottipong Gray, Sriwatcharin, & Peracca, 1999), it is not without diversity. As noted earlier, the 2014 census indicates that the second largest religious group in Thailand is Muslim, accounting for around 4.9% of the population. Knodel et al. (1999), whose work is concerned with Muslims in Buddhist Thailand, note that most of the Muslims in Thailand (around 81%) live in the southern region, and over half of them are Malay-speaking. Most of the rest (around 18%) live in the central region, especially in Bangkok, and almost all of them are Thai-speaking. Unlike Malay-speaking Muslims who generally maintain their social distance from the majority of Thai Buddhists, Central Thai Muslims are largely acculturated; they are found to share many values and attitudes with Thai Buddhists, due to regular contact with them.

The third largest religious group in Thailand is Christian, representing 1.2% of the population. Similar to the claim made by Knodel et al. (1999), Taylor (1999), whose research explored the influence of Thai Buddhism and other aspects of Thai culture on Thai Christians' understanding of God, indicated the influence of Buddhist ideas on Thai Christians. The author pointed out that as there is no concept of god in Buddhism, he initially assumed that there would no significant influence of Buddhist concepts on the understanding of Thai Christians about God. However, one of the key findings from his research revealed that Buddhist concepts of detachment and the law of merit and de-merit (i.e., do good receives good, do bad receives bad) have a significant influence on how Thai Christians understood God. These two studies, despite their different focuses, have similarly pointed to the influence of Buddhism that goes beyond the majority Buddhist population.

2.3 The Four Noble Truths: The core of Buddhist teachings

We are all companions in dukkha, in birth, old age, sickness and death, and because of that we are all disciples of the Lord Buddha (Buddhadāsa, 1984, p. 56).

I have had countless encounters with the above statement since I was young, and for me this statement conveys a message that we as humans, regardless of ethnicity and culture, share a fundamental nature: we all seek to pursue happiness and to avoid sorrows. While I believe that Buddhist teachings can be universally helpful to anyone following them, they are particularly culturally meaningful to the majority of Thais, including myself. Central to the above statement is the nature of “*dukkha*”, which is often translated in English as “suffering”, the state of mind that we all, more or less, experience. Due to this universal human experience, historically great efforts from all cultural groups have been put into seeking various ways of healing the suffering mind. Among these, counselling and psychotherapy, with its diversity in orientations, has been successfully established as a recognised profession for psychological healing. Nevertheless, long before this profession, for over 2500 years Buddhism has also offered systematic knowledge of how to end suffering, known as “the Four Noble Truths”.

The Four Noble Truths (Pali, *arīyasacca*), lie at the heart of Buddha’s teachings, serving as “a summary of the essence of Buddhism” (Payutto, 1995, p. 54). More precisely, they inform us about what is suffering (Noble Truths 1 and 2) and how to eliminate our suffering (Noble Truths 3 and 4). Buddhist Counselling is also based on these four Noble Truths; they function as a theoretical framework for Buddhist counsellors to understand the nature of client’s suffering, the cause of suffering, and the way to help reduce the client’s suffering (Pokeao, 2010). Such understanding is initially gained simply through growing up as Buddhists in Thailand, and is subsequently developed through Buddhist Counselling training, and through the counsellors’ direct experience of investigating their own suffering according to the Four Noble Truths.

The explanation of the Four Noble Truths in Buddhist literature is very detailed, and beyond the scope of my thesis. What I offer here is necessarily a brief description, drawing from the two main sources: the work of Payutto (2009, the original Thai version; 1995, the short translated version) and the work of Buddhādāsa (2005, 2007). These works are regarded as the best known and most comprehensive resources on the principles of Thai Theravada Buddhism in contemporary Thailand (McCargo, 2004; Olson, 1997). They have also been used as significant resources in Buddhist Counselling training.

The first Noble Truth, termed *dukkha* in Pali, outlines what dukkha or suffering is. In Buddhist terms, suffering is defined broadly as the states of pain, pressure, tension, and resistance that are difficult to tolerate.

The second Noble Truth is *samudaya*, explaining the cause of suffering. From a Buddhist perspective, understanding the cause of suffering is essential, as it is the significant step for the elimination of it. It is also believed that an understanding of the cause of suffering requires an understanding of the principle of “dependent origination” (*paṭiccasamuppāda*), explaining the comprehensive process of the arising of suffering. In essence, this Buddhist principle is fundamentally based on the view that the individual tends to believe that his or her suffering goes according to external factors, such as other people, environment, and fate. Instead, this principle indicates that suffering is caused by the individual’s internal factors, starting with ignorance (*avijjā*).

In the Buddhist view, ignorance is closely linked with the principle of impermanence (*aniccatā*). That is, ignorance is seen as the state of not knowing and understanding the impermanent and unstable nature of things. According to this principle, things are characterised by “a condition of arising, changing, and passing away” (Payutto, 1995, p. 68). The lack of this understanding is believed to bring about craving (*tānhā*), which is considered to be of three kinds: a) craving for sense-pleasure; b) craving for existence; and c) craving for non-existence. It is thought that when craving for something, the individual with ignorance tends to strongly attach to that craving and becomes entangled with it. As desire increases, so does the individual’s attachment (*upādāna*). This attachment is then believed to lead the individual to grasp and cling on to things that bring him or her to the desire (this state of mind is termed as “becoming” (*bhava*)). When desire is obstructed or not fulfilled, various kinds of suffering, for example, frustrations, anxiety, anger, pain and fear, occur to that person who possesses it with ignorance.

The third Noble Truth, which is termed in Pali as *nirodha*, describes the state of inner peace and freedom as a result of the elimination of craving and attachment, and this state is believed to be achievable through the fourth Noble Truth, *magga*.

The final Noble Truth, *magga*, explains the process of how suffering can be eliminated, and thus can be seen as the reverse process of dependent origination (i.e., the second Noble Truth). In Buddhism, this Path is known as “the Noble Eightfold Path”, consisting of the

following eight components: proper understanding, proper thought, proper speech, proper action, proper livelihood, proper effort, proper mindfulness, and proper concentration. It is noted that these eight components depend on one another, as one principle flows from another “like eight links in a chain” (Payutto, 1995, p. 193). The Path as described in the Buddhist literature is comprehensive, and it is not possible to provide a complete explanation of all elements or even a summary of all of its fundamental aspects in this limited space. What I can offer here is thus only a brief description of the basic definition and some important aspects of the Path. It is also worth mentioning that each component of the Path begins with the prefix “summa-”, which is often translated in English as “proper” or “right”.

The Noble Eightfold Path starts with “proper understanding” (*sammādiṭṭhi*). This first component is seen to be the most important, due to the view that “when there is right view, all the other things will sooner or later be set right in the right sequence” (Buddhadāsa, 2007, p. 245). According to Buddhism, to have proper understanding means to have knowledge of the Four Noble Truths; that is, to have an understanding of suffering, the cause of suffering, the state of freedom from suffering, and the way to eliminating it. The development of proper understanding is thought to be possible through two main factors: learning the Four Noble Truths from others (*paratoghosa*) and consistently critical reflection through one’s direct experience (*yonisomanasikāra*). The next component is “proper thought” (*sammāsaṅkappa*) which is generally defined as thought that is free from lust (*rāga*), greed (*lobha*), sensuality (*kāma*), and bad intentions (*dosa*). In other words, proper thought is thought that goes according to loving-kindness (*mettā*)⁴ and compassion (*karuṇā*).⁵ In Buddhist terms, these first two components of the Path are together called “wisdom” (*paññā*)⁶.

⁴ Loving-kindness (*mettā*) is defined in this thesis as the state of mind that is characterised by “love, good intentions, empathy ... it is a fundamental dhammic principle that builds relationships between people, looks at people in a positive and optimistic light, and allows them to listen to one another and exchange ideas freely without feeling disgust or aversion” (Payutto, 1995, p. 236).

⁵ Compassion (*karuṇā*) is the state of mind without bad intentions such as violent thoughts, but with good intentions to help oneself and others to overcome suffering (Payutto, 1995).

⁶ Wisdom (*paññā*) is one of the key terms in Buddhist thought; to have wisdom, in Buddhist terms, is to have a clear comprehension of things in general, and in particular to have an insight into “the true nature of things” or the realisation that “all things are permanent and do not have individual selves” (Buddhadāsa, 2005, p. 28).

The third factor, “proper speech” (*sammāvācā*), means speech that abstains from false and harsh words, slander, and vain talk. “Proper action” (*sammākammanta*) is an action that abstains from taking life, stealing, and sexual misconduct. “Proper livelihood” (*sammā-ājīva*) is pursuing occupations that are helpful and useful to individual life and society and making one’s living with honesty, love, and diligence. These three components of the Path are together termed as “ethics” (*sīla*). Following these ethics is believed to allow the individual’s mind to flourish and thus help to enhance the quality of mind.

The sixth component, “proper effort” (*sammāvāyāma*), indicates that in order to achieve the Buddhist goal (i.e., the freedom from suffering), great efforts including perseverance, persistence, and hard work, are essential. The seventh component is a part of higher mental training, namely “proper mindfulness” (*sammāsatī*). In Buddhism, *sati* or mindfulness refers to the qualities of mind characterised by “carefulness, circumspection, and clarity about one’s duties and the condition of being constantly prepared to deal with situations and respond appropriately” (Payutto, 1995, p. 255). In Buddhist belief, mindfulness is very important in everyday life, and the practice of mindfulness can be applied to general daily activities as it does not require a specific place nor a fixed schedule to practise. The well-known form of mindfulness practice is called “*satipaṭṭhāna*”, which may be translated as “means of maximising benefits of mindfulness” (Payutto, 2009, p. 810; my own translation). There are four methods of practising *satipaṭṭhāna*: contemplation of the body, of sensations, of the mind, and of the Four Noble Truths. Overall, common to all these four methods is concern with self-scrutiny without reacting, criticising, and judging. The practitioner is required only to observe, see and understand how sensations arise and how they pass away. In this way, Payutto (1995) noted that “when it is purely dukkha that is presently arising and passing away, it is no longer ‘my dukkha’ or ‘I am experiencing dukkha,’ and so that dukkha loses its power over the person who is able to contemplate it” (p. 267). This mindfulness practice requires both mindfulness and concentration, but the former plays a more significant role than the latter. Concentration functions only as assistance to hold attention in order to make it possible for the practitioner to stay focuses on an object of attention.

In Buddhist practice, the final goal of mindfulness practice is claimed to be wisdom (*paññā*), and according to Payutto (1995) wisdom gained from this mindfulness practice is called *vipassanā*, meaning “understanding all things according to their true nature” (Payutto,

1995, p. 193), or understanding that there is no permanent self. Mindfulness is also seen as being intimately connected with “conscientiousness” (*appamāda*), referring to “the uninterrupted presence of mindfulness in our life and its constant application in daily activities” (Payutto, 1995, p. 260). Benefits of mindfulness practice as described in the Buddhist literature can be concisely summarised as follows: i) it helps to establish and maintain a focused state of mind, thereby cultivating concentration and clarity; ii) having a clear mind then enables the individual to perceive things more clearly and this forms a basis for the development of wisdom (*paññā*). Moreover, in Buddhist perspective, the individual and the society are seen to be intimately related. As such, mindfulness is also viewed as having a social value; it can have positive effects not only on the individual level, but also the societal level.

The final component of the Path is “proper concentration” (*sammāsamādhi*). *Samādhi*, as defined by Payutto (1995), means “stilling the mind or establishing one-pointedness of the mind” (p. 270). Buddhādāsa (1984) regards concentration (*samādhi*) as a necessary condition for attaining higher wisdom (*paññā*). In the Buddhist view, concentration can be developed through various ways, and one of the best known is called “breathing meditation” (*ānāpānasati*). In contrast to *satipaṭṭhāna* as earlier described, great emphasis in *ānāpānasati* is placed on *samādhi* or concentration. The practice of this method is believed to make the mind calm, clear, open, and flexible. In this state of mind, various mental diseases such as cyclical and negative thoughts can be quieted and minimised. It is also thought that this mental state can facilitate the development of wisdom that is helpful to the elimination of one’s suffering. In summary, Payutto (1995) indicated that the training of concentration can potentially lead to: a) the ability to be in the present; b) wisdom (*paññā*); c) mindfulness (*sati*); and d) the state of peace and freedom from suffering.

It is suggested that mindfulness and concentration support one another. That is, mindfulness is possible with the assistance of concentration, and concentration enables the mind to be mindful, and this ultimately facilitates the development of wisdom. In Buddhist terms, the last three components of the Path as described above are together called “concentration” (*samādhi*). Payutto (1995) used the metaphor of “throwing fine sand in a still pool” (p. 274) to describe the clear and pure state of mind as a result of *samādhi* or concentration. This state of mind is believed to be most suitable for the development of wisdom (*paññā*).

According to Buddhist thinking, the Noble Eightfold Path is regarded as *principle*. When it comes to practice, these eight components are grouped into three categories in the following order; *sīla*, *samādhi*, and *paññā*, which are termed as “Three-fold Training (*tisikkhā*)”. According to this model, to achieve the final goal of Buddhism (i.e., the freedom from suffering), the individual is required to conduct proper speech, action, and livelihood (*sīla*), as this is believed to form a basis for the higher mind training. That is, when one is confident in his or her purity, the mind is clear and peaceful and this mental state makes it more suitable for mindfulness and concentration to be developed (*samādhi*), and for wisdom to arise to the point that the practitioner can overcome ignorance, craving, and attachment (*paññā*).

2.4 Indigenous ways of psychological healing among Thai Buddhists

Religions have long been recognised as a significant resource for promoting psychological well-being (e.g., Maton & Wells, 1995; Seybold & Hill, 2001; Witter, Stock, Okun, & Harings, 1985). Research conducted in Thailand, too, has reported that it is very common for many Thai Buddhists, who have never paid much attention to religion, to return to Buddhism for psychological healing in the face of a life crisis, such as severe illness, loss, or disaster (Falk, 2010; Ross, Sawatphanit, & Suwansujarid, 2007). Much of the existing empirical literature on this area has been focused on people with HIV/AIDS. Since HIV/AIDS became a national health priority in 1990, a growing body of research has investigated many aspects of living with HIV/AIDS (Phoolcharoen, 1998). Meditation has been reported to be a source of peace of mind for Thai Buddhists living with HIV/AIDS and this peace was found to build upon their strengths and to help them to cope with their illness (Dane, 2000; Ross et al., 2007). A qualitative study conducted by Ross et al. (2007) indicated that although meditation is a common practice in Thailand, most women with HIV/AIDS in their study started learning to meditate seriously only after knowing that they were infected. Similarly, participants with schizophrenia in the study of Sanseeha, Chontawan, Sethabouppha, Disayavanish, and Turale (2009) reported that they adhered to the practices of mindfulness and meditation in an attempt to survive with their mental illness.

In addition, the belief in *kamma* (i.e., a belief that bad luck that one faced in the current life is the result of their action in the past) has been found to be one of the most common concepts that both Thai Buddhist patients and caregivers drew upon to explain the causes of

HIV infection (Dane, 2000; Kubotani & Engstrom, 2005; Liamputtong, Haritavorn, & Kiatying-Angsulee, 2012; Nilmanata & Street, 2004; Songwathana & Manderson, 1998), of mental illness (Burnard, Naiyapatana, & Lloyd, 2006; Rungreangkulkij & Chesla, 2001; Sanseeha et al., 2009; Sethabouppha & Kane, 2005), and of loss and death due to natural disaster (Falk, 2010). For instance, the findings from several qualitative studies consistently reported that Thai patients with HIV/AIDS believed that the infection was a consequence of patients' bad *kamma* in the past (Dane, 2000; Kubotani & Engstrom, 2005; Liamputtong et al., 2012; Nilmanata & Street, 2004; Songwathana & Manderson, 1998). Believing in this way was found to help patients to accept the reality of their infectious status, feel more peaceful with their condition, and to be able to move on with their lives. Belief in *kamma* was also found to help Thai Buddhist caregivers caring for their family members with seriously mental illness to make sense of the cause of their loved ones' mental illness and to sustain their compassion and acceptance in their caregiving (Rungreangkulkij & Chesla, 2001; Sethabouppha & Kane, 2005).

Several studies reported that the religious practices of merit making (including visiting the temple, offering alms to Buddhist monks, freeing animals, and making donations, following the Buddhist Five Precepts) were used by their participants as a means to accumulate good *kamma* and to achieve a better life (Balthip et al., 2013, Liamputtong et al., 2012, Ross et al., 2007; Sethabouppha & Kane, 2005).

The Buddhist concept of impermanence is also found to be another crucial resource that many Thai Buddhists draw upon to deal with serious life events. For example, research found that many Thai Buddhists with HIV/AIDS used this concept to handle the idea of death by considering death as one of the four inescapable life conditions (the other three are birth, aging, and sickness). Participants applied the concept to increase their ability to let go of attachment (*ploy-wang*; ปลื้มขวาง) in order to better accept their illness (Balthip et al., 2013; Ross et al., 2007). Another qualitative study by Noonil, Hendricks, and Aekwarangkoon (2012), whose work explored Thai women's lived experiences of their changing bodies in midlife, indicated that the women used the concept of impermanence to explain their changing body as a common part of life and they also used the concept of *thum-jai* (หัวใจ) to manage their frustration deriving from change and loss.

The concept of *thum-jai* or acceptance of suffering is another Buddhist concept commonly used among Thai Buddhists to seek comfort and relief in the face of various problems. A quantitative study by Black, Girotto, Chapman, and Oppenheimer (2009) reported that among Thai, Chinese, Uygur, Colombian, and American mothers whose children were born with cleft lip and/or palate, Thai mothers were found to have more positive attitudes toward the situation of their children than did mothers of other countries being investigated. This study used one of the findings from the qualitative study of Rungreangkulkij and Chesla (2001), which was conducted with Thai mothers of adult children with schizophrenia, to explain their finding that the positive attitudes of Thai mothers are largely influenced by Buddhism or specifically by the practice of *thum-jai*. In the study of Rungreangkulkij and Chesla (2001), *thum-jai* was defined as involving a combined sense of accepting, understanding, being patient, and letting go of an unchangeable situation, and was also indicated as a key concept underlying Thai mothers' accounts of how they handled the care of children with mental illness. The participants found the practice of *thum-jai* challenging but necessary in helping them to better live with the mental illness of their children.

In summary, there is evidence that Buddhist teachings play a significant role in Thai Buddhists' coping strategies. Participants in the reviewed studies considered following Buddhist teachings (e.g., incorporating Buddhist ideas and practices into daily life), and performing Buddhist rituals (e.g., offering alms to Buddhist monks) as the means to seek meaning, hope, comfort, strength, relief, and peace.

2.5 The indigenisation movement of counselling in non-Western cultures

In this section, I discuss the development of Buddhist Counselling in Thailand in relation to the emerging global movements of indigenous counselling in non-Western contexts. Although the movement of indigenous counselling has continued to emerge across non-Western cultures, such as in Africa (Makinde, 1980; Matoane, 2012), my focus in this section is on Asia, where Thailand is part of this regional community.

Psychology in general and counselling in particular has its origins in Europe and was significantly developed in the United States before being imported into different parts of the world (Adair, 1999). Accordingly, I use the term "Western" to refer broadly to Western

psychological knowledge that has its roots in Euro-American culture. While I use the term “non-Western” to refer broadly to other non-Eurocentric cultures, such as Latin American, Asian, and African countries, I use the term “Asian” in a more specific term, referring to countries in Asia where some cultural values and practices are shared. I acknowledge that the terms “Western”, “non-Western”, and Asian used here are somewhat overgeneralisations, potentially obscuring diversity within each group. However, for the purpose of general division and discussion, the use of such broad terms is necessary.

It is useful to start with the definition of the indigenisation of counselling as given by several scholars in the field. Dalal (2011) described indigenisation as “the process of making the discipline sensitive to cultural nuances and social reality” (p. 31). Adair (1999) commented on the paradoxical definition of the term indigenisation: “how can something imported (psychology) be indigenous?” (p. 404). This then led him to define this term thus: “the process of indigenisation or modifying the imported discipline fits the culture so well that it is made to appear as if it were indigenous” (p. 405).

These definitions place a strong emphasis on the process of making psychological knowledge and practice culturally relevant. As Ho (1998) and Cheung (2000) have stated, the fundamental assumption underlying the concept of indigenisation is that the individual cannot be studied without reference to the cultural contexts in which he or she is located. As such, the focus of indigenous counselling is on understanding “the individual-in-culture” (Ho, 1998, p. 94). Importantly, Lee (2002) commented that whether a model of counselling is regarded as “indigenous” depends upon one’s perspective. For example, from the Western perspective, it can be regarded that Western models of counselling are indigenous as they originated from the Euro-American culture. However, from an Asian perspective, Western counselling approaches such as the person-centred approach is non-indigenous as it is the product of the Western culture.

Like other parts of the world, the emergence and early development of psychology and the related field of counselling and psychotherapy in Asian countries, such as Korea (Lee, Suh, Yang, & Jang, 2012), Japan (Grabosky, Ishii, & Mase, 2012), Malaysia (See & Ng, 2010), and Thailand (Tuicompee et al., 2012) have been profoundly influenced by Western inputs. Such inputs are largely provided through the work of Asian practitioners trained in Western countries, visiting Western scholars in Asia, and intellectual materials from the West.

Undeniably, these Western inputs were a great help in establishing and developing the field of psychology and counselling in these Asian countries (Duan et al., 2011). Historically, Western psychology has followed in the footsteps of natural science with an emphasis on objectivity, neutrality, and generalizability (Christopher, 2006).

In recent decades, the limitations of Western psychological theories in understanding people in non-Western contexts have gained growing attention from scholars and practitioners in the fields across the world. Criticism has been made of Western therapeutic models claiming universality, rather than acknowledging culture specificity, as Adair (1999) succinctly comments: “this imported discipline is acultural in content and positivistic in methodology” (p. 404). The models are also seen as being rooted in Western cultural-bound values and assumptions: “being too individualistic, too much based on liberal values and too secular” (Allwood, 2011, p. 4). One of the most powerful Western values is *individualism*, which is considered to be alien to Asian values (Christopher, 1999b; Kim, Atkinson, & Umemoto, 2001). The main assumption under the notion of individualism is the emphasis on human autonomy and self-actualisation, presuming that individuals have power to govern themselves and change their environment to suit their psychological desires (Glasser, 1998). Christopher (1999b), a U.S.-based scholar, demonstrated how the notion of individualism has profoundly influenced the assumptions underlying the Western notion of psychological well-being (i.e., the key notion that informs counselling theories, practices and research). He also argued that although there may be some shared elements of what is seen as healthy or desirable between Western and non-Western cultures, such shared elements may be differently prioritised. In this light, he argued that Western understanding of psychological well-being cannot and should not be simply and blindly transplanted to non-Western societies. Indeed, the direct imposition of Western therapeutic models into non-Western cultural societies, which belong to different and unique sets of cultural assumptions and values, is criticized as disregarding cultural diversity and the specificity of non-Western cultures (Church & Katigbak, 2002).

A number of Asian-based scholars and researchers have similarly indicated the discrepancies between Western and Asian cultures, thereby arguing for the need of counselling to be grounded in clients’ own native culture in order to fit with the needs of local clients. For example, in a critical review paper, Yip (2003), a scholar based in Hong Kong, argues that unlike the Western traditions, Asian values and beliefs are profoundly influenced

by religious traditions such as Buddhism, Hinduism, Islam, Confucianism, and Taoism. Due to the differences between Western and Asian values and also to the diversity within Asian cultures, Yip (2003) argued that Western counselling models should not be the only means for working with Asian people. Instead, counselling models in Asia should legitimise clients' cultural views of healing.

Yip's argument is also in line with a qualitative study by Duan et al. (2011) whose work explored eight Asian counsellors' views on their perception of applying U.S. counselling models to Asian societies. The main findings from this study indicated that the participants found an application of their trained Western counselling intervention to their counselling practice with local clients problematic, largely due to its individualistic focus. In contrast to Western values, the study indicated that Asian cultures generally adhere to collectivistic values, presuming that individuals should adjust themselves to their environment and place a higher concern on their family and society than on their own personal interest and desires. Accordingly, this research suggested that the future prospects of the counselling profession in Asia depends significantly on how much it is consistent with clients' cultural values and beliefs.

The argument for the indigenous movement of counselling and psychology is also influenced by the postcolonial perspective. For example, Hwang (2005), a Taiwan-based scholar, considered the development of indigenous psychology as "a search by non-Western psychologists for cultural identity in the power structure of the new world order" (p. 81). Moreover, in the critique of the dominance of Western psychology on Asian regions, several expressions, such as "cultural imperialism", "the colonisation of the mind", "intellectual domination", "Western ethnocentrism", and "global monoculturalism" have been introduced (Duan et al., 2011; Ho, 1998). In contrast, the movement towards the indigenisation is referred to as "a spirit of nationalism and academic anticolonialism" (Hwang, 2005, p. 83). Duran and Duran (1995) argued that "a postcolonial paradigm would accept knowledge from differing cosmologies as valid in their own right, without their having to adhere to a separate cultural body for legitimacy" (p. 6).

Whilst there has been considerable support for the indigenisation movement, this emerging movement is not without controversy and criticism. Following directly from its argument for the need for psychological knowledge and practices to be rooted in and

developed for specific cultural groups, the indigenous movement with its focus on idiosyncrasy (i.e., a specific cultural context) is criticised as potentially not making a significant contribution to the advancement of generalised psychological knowledge (Triandis, 2000). In this respect, Pedersen (2003) convincingly argued that indigenous psychology actually warns us that all psychological knowledge is culturally embedded and therefore cannot be regarded as universal:

Indigenous psychology is not a universal psychology but rather reminds us that psychological principles cannot be assumed to be universally similar. The functions of psychology are based on ancient historical traditions in history, religion, and many other fields or disciplines not typically seen as relevant to psychology. It recognizes how the individual is embedded in the social network and acknowledges how the social arena is interactive, dynamic, and relational in its processes. (p. 401)

Indeed, for Pedersen (2003), the indigenous movement is making “culture central rather than marginal”, thereby reinventing “counselling psychology as a profession in a global context”, rather than a profession that exclusively belongs to a single cultural group (p. 402).

Another main argument against the indigenisation movement is a critique that an overemphasis on the cultural differences in human psychological functioning may in turn fall into the trap of another guise of ethnocentrism, rejecting positive external influences on development (Poortinga, 1996). Yip (2003) strongly argued that developing the indigenised counselling models and practices does not mean either resisting or rejecting Western knowledge of counselling theories and practices. Instead, the indigenous movement is a potential way towards a more “equal” and “two-way” exchange of counselling knowledge and practices, where both Western and Asian counsellors are open to and learn from each other’s wisdom. This means that Yip (2003) encouraged counselling practitioners to be aware of both shared and different dimensions of human nature and to think with both local and global levels in order to broaden their horizons in facing the possible tensions of Western and Asian cultural conflicts. The author also suggested an international exchange of counselling knowledge among Asian countries, where some cultural values and beliefs are shared. Such exchange is believed to potentially bring about the advancement of counselling practices and the formulation of counselling characteristics within Asian societies. This view is supported by Duan et al. (2011) who claim that Western counselling should also be viewed as a culturally specific product, and that the indigenisation of counselling in non-Western

regions is necessary for the growth of the counselling profession. However, this does not mean that Western-originated counselling has no value or is totally irrelevant for psychological healing in other non-Western cultures. Indeed, Western counselling has historically provided a significant base for the emergence and growth of the counselling profession in other cultures around the world, and more recently also for the innovation of indigenous counselling in non-Western societies, as Azuma (1984) clearly pointed out:

When a psychologist looks at a non-Western culture through Western glasses, he may fail to notice important aspects of the non-Western culture since the schemata for recognizing them are not provided in his science. This does not mean that the psychology developed in the Western culture has no value for solving problems in other cultures. It is like using computer software developed to solve one problem for somewhat different problems. The existing software provides a good start. But new nodes and loops must be added and some parts by-passed in order to deal effectively with the new problem. (p. 49)

To summarise, there has recently been an acknowledgement of counselling as taking place in a cultural context, thereby being a cultural product. Legitimising the cultural context of counselling not only expands the traditional framework of Western counselling, but also advances counselling as a global profession. An increasing recognition of the need for counselling to be indigenised has led to efforts to develop counselling interventions that are specifically developed from and for a specific cultural group of people in many Asian countries. For example, Lee (2002) demonstrated how he worked with his Chinese clients in Singapore by integrating three indigenous concepts and techniques, namely Chinese medicine, *dang-ki* (Chinese shamanism), and *feng-shui* (Chinese geomancy), into his therapeutic practice. Chong and Liu (2002) described the “Experience Transformed Model”, a counselling model that is developed from the grounds of the Chinese philosophy of *Yin-Yang* and that applies the ideas from Western counselling models to the formulation of its theoretical framework. In Japan, there is a form of counselling known as “Naikan therapy”, a counselling intervention that integrates traditional Buddhist beliefs and rituals into Western counselling practice (Murase & Johnson, 1974). McLeod (2009) commented that Naikan therapy well represents how a healing practice that would be viewed as meaningless and useless by most people in the other parts of the world can be meaningful and helpful within its own cultural context.

2.6 The development of the counselling profession in Thailand and its current status

In Thailand, the term “counselling” is generally known as a psychology subject and in Thai education and practice as “counselling psychology”, or in Thai as “จิตวิทยาการปรึกษา”. The teaching of psychology in Thailand can be traced back to the 1930s, and many Thai universities have offered programmes in psychology since the 1960s (Tuicomepee et al., 2012). While the teaching of psychology is not that new in Thailand, counselling as a training programme and as a mental health profession has a short history.

Counselling training in Thailand formally began in 1985 when the first master’s degree in counselling psychology was offered at Chulalongkorn University, Thailand’s oldest university (Pokeao, 2010). A majority of Thai counselling educators and professionals were educated and trained in Western countries, especially in the United States. With the influence of this U.S. counselling education, Thailand’s counselling training has been strongly influenced by the scientist-practitioner model. However, since about 2002 there has been an increased recognition of the poor fit between Western models of counselling and the existing cultural values of indigenous Thai people which are based mainly on Buddhist values and beliefs (Tuicomepee et al., 2012). It is this recognition that has led to a new development of Buddhist Counselling as a culturally-relevant counselling approach.

Such development of the culturally-relevant form of counselling has had an impact on significant changes to the counselling curriculum in Thai universities. Since 2002, Buddhist Counselling has been offered as an additional counselling approach and taught to a number of Thai master’s- and doctoral-level counselling students, firstly in the Department of Psychology at Chulalongkorn University. It has been currently extended to other Thai universities and offered as a counselling service to Thai people (Tuicomepee et al., 2012). The course offers a basic model of the Buddhist Counselling process, and aims to provide a fundamental understanding of human drives (i.e., desires or cravings), and human suffering (i.e., the discrepancy between desires and actual experience) informed by the Four Noble Truths. As part of this counselling training, counselling trainees are encouraged to integrate the Four Noble Truths into their daily lives and to follow Buddhist practices, and are required to undertake counselling practicums and internship under supervision (Pokeao, 2010).

In the past few decades, Thailand has continually faced many national crises and problems, for example, societal problems such as the prevalence of HIV/AIDS since the 1990s and severe drug problems in 2002, natural disasters (i.e., the Tsunami in 2004 and severe flooding in 2011), and ongoing serious political crises since 2008. During this time, counselling and other mental health services have increased in their importance and recognition in providing professional psychological support. Although the Thai counselling profession has been significantly developed over the past few decades, it is still in its infancy.

Currently, the growth of counselling as a specialized and recognised profession in Thailand continues to be challenged. There are still several difficulties faced by Thai counselling professionals. For example, Thailand has yet to develop both a national licensure for Thai counselling professionals and a professional counselling organisation. Another challenge that appears to limit the number of Thais from using the services is mainly caused by the pervasive social stigma associated with seeking mental health services among Thais (Tuicomepee et al., 2012). Moreover, the strong influence of medical models that at least partially leads to the dominance of psychiatry over other mental health services also further limits Thai counsellors' career prospects. All of these challenges make it unattractive and difficult for many counselling graduates to remain in the field and they often find employment in other careers instead (Tapanya, 2001; Tuicomepee et al., 2012). Perhaps the recognition of the lack of career prospects among counselling graduates bears some responsibility for the limited number of counsellors and psychologists in Thailand. In this regard, Tapanya (2001) indicated that the number of Thai psychologists is increasing at a much slower rate than in the United States: the number of psychologists in Thailand is estimated to be 1 per 150,000 people. Typically, counsellors work primarily in educational institutions and in private and group practice, and a small number of counsellors work in hospitals or medical clinics.

Despite these significant challenges, according to Tuicomepee et al. (2012), there is optimism that the counselling profession in Thailand will continue to grow, due to increasing psychological problems and the corresponding need for counselling services. The development of Buddhist Counselling is also expected to better meet the needs of the Thai population. Moreover, many more doctoral counselling trainees have now been trained in Buddhist Counselling, and this is expected to help to increase the number of locally trained counselling educators and counsellors who may subsequently be capable of providing

counselling services that are more culturally relevant to Thai clients. This movement of the Thai counselling profession towards adopting Buddhist teachings grounded in Thai culture mirrors the current trend in non-Western cultures of indigenising counselling practice.

I propose that the development of counselling psychology in Thailand can be broadly understood within Azuma's (1984) model of the five stages development of psychology in Japan. Adopting this model to the context of Thailand, I explain that the first stage, the "pioneer period", is when scholars recognised the usefulness and relevance of Western psychology and introduced it to Thailand through textbooks from the West. The second stage, the "introductory period", is when Western psychology was generally recognised in Thailand, and both foreign and local scholars trained in the West started to introduce technical knowledge of Western psychology to the country. The third stage, the "translation and modelling period", is marked by the well-known status of psychology in Thailand. During this period, a number of Western theories were translated and introduced, and there were marginal attempts to develop indigenous psychology. The fourth stage, the "indigenisation period", is characterised by attempts by scholars to adjust Western psychology to be more suitable for their local culture through developing theories and interventions relevant to their local context. According to the emergence of Buddhist Counselling in Thailand, it is possible to say that Thailand's counselling profession is in this fourth stage. It uses traditional Buddhist values and beliefs to inform the existing therapeutic practice in order to develop a culturally relevant counselling approach, with a Buddhist conceptualisation of suffering as its foundation. The fifth stage, that has not yet come, is the "integration period" in which scholars develop truly indigenous theories and interventions that are fully free from Western influence.

2.7 TIR as a basic model of the Buddhist Counselling process

Soree Pokeao, a pioneer of Buddhist Counselling in Thailand, has proposed a basic model of the Buddhist Counselling process. It consists of three main features: a) tuning in (T); b) identify split (I); and c) realisation (R) (Pokeao 2010).

It is important to point out at the outset that Buddhist Counselling in both theory and practice shares significant similarities with other counselling approaches, particularly those located within the person-centred and humanistic/existential approaches. As with these approaches, Buddhist Counselling emphasises creating a therapeutic relationship through

empathic attunement to the client's implicit and explicit feelings, emotions, and thoughts in order to understand and empathise with the client from his or her internal frame of reference. Likewise, the Buddhist Counselling understanding of suffering as being caused by a discrepancy between desire and reality, can be compared with the person-centred notion of incongruence between constructed and real self (Rogers, 1951). This conceptualisation may also be compared with the idea of intrapsychic conflict in psychodynamic counselling (Leiper & Maltby, 2004). There is also an overlap in therapeutic intervention between Buddhist Counselling and that of other approaches, in that they aim to facilitate the clients' insight into the causes of their psychological problems and to provide them with new understanding.

In Buddhist Counselling, "tuning in" (T) is when a counsellor makes a profound engagement with a client, by listening to him or her attentively, in order to clearly and deeply understand the client's experience from his or her point of view, and then by conveying this understanding back to the client in language attuned to his or her experience and feelings. Tuning in is regarded as a starting point in establishing and maintaining the therapeutic relationship, and a key turning point in generating therapeutic change. The counsellor's profound engagement with a client will make it possible for the counsellor to understand and identify the client's suffering. In Buddhist Counselling, the cause of suffering is viewed in terms of a discrepancy between desires and actual experience, called identify split (I). The cause of suffering is informed by the second Noble Truth. Buddhist counsellors believe that underneath the various problems the client brings to therapy, the root of those problems essentially is the same; namely, "unfulfilled expectations". The role of the counsellor is to identify this discrepancy in the client and to facilitate the client's realisation (R) of it. This realisation, Buddhist counsellors believe, can facilitate the client's movement from a state of attachment to one of an acceptance of circumstances. This acceptance can ultimately help to lessen the client's suffering.

In order to work effectively in Buddhist Counselling, according to Pokeao (2010), counsellors are required to have a certain knowledge and understanding of the Four Noble Truths. He noted that this understanding can be enhanced through both attending various Buddhist taught courses (i.e., learning from others; *paratoghosa*) and through self-study by internalising the Four Noble Truths into their daily life (i.e., consistently critical reflection; *yonisomanasikāra*). This understanding is considered to be a map that guides the direction

of how to work with the client. In essence, the process of Buddhist Counselling can be explained through the Buddhist concept of “Three-fold Training (*tisikkhā*)”. In order to facilitate a client’s disclosure, counsellors are required to speak and act properly: the counsellors’ tone of voice and manners need to be in harmony with clients’ stories and feelings (*sīla*). Counsellors are also required to tune into the clients’ feeling, and to be able to do this counsellors need to listen carefully to what clients say and do not say, and this requires great concentration (*samādhi*). When counsellors are successful in truly being with and for their clients, their minds are quieted and calm, and this quality of mind is believed to enable counsellors to gain some insight of how to accurately respond to their clients and how to work effectively with them (*paññā*).

2.8 Thai Buddhist Counselling and other Buddhist-informed psychotherapies

It should be noted that an integration of Buddhist principles into therapeutic practice is not new and not limited to Thailand. Indeed, before an establishment of Buddhist Counselling as an indigenous Thai counselling approach, Buddhism already had an influence on psychotherapy in the West (Epstein, 1996). Such influence can be seen widely from numerous books and articles that have sought ways to apply the teachings of Buddhism to therapeutic work (e.g., Epstein, 1996; Kumar, 2002; Gehart & McCollum, 2007; Wada & Park, 2009). Within this growing interest, several mindfulness-based interventions developed in the West, as outlined below, have been successfully established. Mindfulness in this context is most often defined in the literature, according to Kabat-Zinn (2003), as “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment” (p. 145).

Application of mindfulness meditation as a central component of a clinical intervention was thought to be first introduced by Kabat-Zinn (1982, 1990) at the University of Massachusetts Medical Centre. This intervention, popularly known as “Mindfulness-Based Stress Reduction (MBSR)”, was developed specifically for treating chronic pain. Since then, it has been used as a treatment for reducing pain and stress in medical and clinical settings around the world (Bodhi, 2011). MBSR is a multi-component group-based intervention programme where up to thirty participants meet weekly for around two and a half hours for eight consecutive weeks to be trained in mindfulness meditation. The aim of MBSR is to facilitate practitioners’ disengagement from automatically habitual and judgemental

reactions towards their experiences, and this is believed to help practitioners to experience pain without excessive emotional reactions (Kabat-Zinn, 1982).

Based largely on MBSR, Mindfulness-Based Cognitive Therapy (MBCT) was designed by Segal, Williams and Teasdale (2002) to prevent the relapse of depression in recovered depressed patients. It is an eight-week, group-based intervention program that is followed by four follow-up sessions over about a year. MBCT incorporates the training of mindfulness meditation and elements of cognitive therapy. Mindfulness skills are taught to help participants to observe their thoughts, feeling and bodily sensations nonjudgmentally, in order to facilitate recognition that thoughts and feelings fluctuate and are not necessarily representations of themselves and reality (Segal et al., 2002). There are also at least another two mindfulness-based interventions. Dialectical Behavioural Therapy (DBT) was originally proposed as an approach to treat patients with borderline personality disorder who have chronic suicidal and other self-injurious behaviours (Linehan, 1993). Acceptance and Commitment Therapy (ACT) was developed for helping people in developing greater psychological flexibility (Hayes, Strosahl, & Wilson, 1999).

Common to these approaches is that practitioners offer clients particular perspectives on suffering and its acceptance, grounded in core Buddhist teachings. One of the main distinctions between mindfulness-based interventions and Buddhist Counselling is that the former are group- and practice-based interventions designed as an adjunct treatment for clients with physical and psychological symptoms, while the latter is a traditional talking therapy, developed for Thai people in particular. What may also be regarded as distinctive to Buddhist Counselling is that it is conducted in contemporary Thailand, where counsellors and clients are embedded within a predominantly Buddhist culture. In contrast, Buddhist ideas and practices are not pervasive concepts in Western cultures. In a recent article, Williams and Kabat-Zinn (2011) clearly noted that although MBSR as well as other mindfulness-based interventions make use of the essence of “dharma” or Buddhist teachings, they are not rooted in “its historical, cultural and religious manifestations associated with its countries of origin and their unique traditions” (p. 281). In this light, I conclude that the fact that Buddhist Counselling draws on the Four Noble Truths, which are deeply embedded in Thai society and which are learned from living in that society, differentiates Thai Buddhist Counselling from these mindfulness-based interventions where practitioners’ and clients’ Buddhist knowledge is acquired mainly through a specific therapeutic intervention.

Having already situated Buddhist Counselling in Thailand in its own contexts, I now turn to a discussion of the current state of knowledge related to the other two key areas of my research: a) clients' experiences of (Buddhist) counselling; and b) counsellors' experiences of (Buddhist) counselling.

2.9 What is known about Buddhist Counselling in Thailand?

As Buddhist Counselling has been recently established in Thailand, it is unsurprising that the research in this area is scarce. Much existing research is limited to Thai masters and doctoral theses which are mainly concerned with assessing the effects of Buddhist Counselling on mental functioning. Perhaps this trend of the current literature can be seen as a result of the prevailing model of scientist-practitioner that has long influenced counselling training programmes in Thailand. Influenced by this model, Thai counselling trainees were encouraged to conduct evidence-based counselling practice (Tuicomepee et al., 2012). Given that this is the particular field of my research interest, I review both quantitative and qualitative studies on this area.

2.9.1 *Quantitative studies*

Most existing studies on Buddhist Counselling have been conducted to evaluate the effectiveness of the Buddhist Counselling group therapy in increasing the positive psychological functioning of clients, using quasi-experimental, pretest-posttest control group design. Participants in these studies were randomly assigned to either experimental group(s) or control group(s). According to my literature review, research on this area started to emerge in 2006, four years after Buddhist Counselling began to be studied as an indigenous counselling approach. Below, I summarise each study chronologically. Tables which provide a summary of the quantitative studies reviewed in this section can be found in Appendix 19.

Chitnealwong (2006) conducted a six-session Buddhist Counselling group to evaluate the effect of Buddhist Counselling on students' sense of coherence. The study indicated evidence of improved scores among the experimental group compared to pre-intervention and to the control group. Results suggested that a Buddhist Counselling group could help students with high stress and low motivation to perceive their difficulties as more manageable. Examining the effect of the Buddhist Counselling group with university students, Srichannil (2006) found an increase in life satisfaction in eight participants following the completion of the intervention. Similarly, Kulasoop (2007) reported that the Buddhist

Counselling group was effective in increasing the participants' ability to adjust to new challenges which they were facing as new nursing students.

In addition, Sukchalearn (2007) investigated the effect of the Buddhist Counselling group on a group of Thai soldiers with low emotional intelligence. Results indicated that the participants' scores on emotional intelligence were improved as compared with those during pre-intervention and with those of the control group. The beneficial effects of the Buddhist Counselling group were further confirmed in a study by Muangthai (2008). The author conducted the Buddhist Counselling group with three groups of drug-addicted patients in rehabilitation, and found that there was a significant increase in scores on psychological well-being of the three experimental groups as compared with the pre-intervention scores and with scores of the three control groups.

Four studies evaluated the effect of Buddhist Counselling intervention on groups of students (Disro, 2008; Kotheeranurak, 2008; Saetang, 2008; Sa-nga, 2008). In these studies, participants completed pre-post intervention questionnaires as well as a 2-week follow-up interview. Results showed that after the intervention, participants reported an increase in scores of resilience (Disro, 2008), altruism (Kotheeranurak, 2008), life coherence (Saetang, 2008) and hardiness (Sa-nga, 2008). All four studies also reported that changes were maintained at 2-week follow-up in the experimental group(s).

Several other studies evaluated the effects of Buddhist Counselling using Buddhist psychological variables. Thiemmek (2008) conducted Buddhist Counselling group therapy with two groups of undergraduate students and found an increase in scores on *santutthi*⁷ scale in both experimental groups after the intervention. Purananon (2008) conducted a doctoral study with a group of people working in an organisation. This study was designed to compare the effectiveness of Buddhist Counselling group with three different approaches; a) group one (n=7) received individual Buddhist Counselling; b) group two (n=7) was offered the group teaching of the Noble Eight Four Truths; and c) group three (n=7) was individually taught the Noble Eight Four Truths. Results suggested that the Buddhist Counselling group and individual Buddhist Counselling each had a statistically significant effect on the *mettā* and peace measures. There were no significant differences for *mettā* and peace between

⁷ *Santutthi* is a Buddhist term that is defined as a feeling of contentment and acceptance of what one has and gained (Thiemmek, 2008).

pre-post intervention measures in the other two control groups. This study implied that individual and group counselling based on Buddhist principles can increase participants' *mettā* and peace, and *mettā* may facilitate an individual's peace.

An intriguing doctoral study was conducted by Saenubol (2010) comparing the outcomes of the Buddhist Counselling group and *ānāpānasati* (i.e., breathing meditation) with a group of university students. The study consisted of two experimental groups: participants in group one (n=14) attended a Buddhist Counselling group led by a trained Buddhist counsellor, and then participated in *ānāpānasati* led by an experienced Buddhist monk; participants in group two (N=13) attended *ānāpānasati* training and then participated in a Buddhist Counselling group. This study concluded that both interventions can be helpful in increasing *upekkhā* and *paññā*. However, it indicated that attending a Buddhist Counselling group before *ānāpānasati* training is more useful to participants than the other way round. In a more recent study, Paramaputi (2011) examined the outcome of the Buddhist Counselling group with two groups of women in post breast cancer treatment and reported significant increases in their *paññā* ratings.

It is noticeable that all the studies reviewed above focused their attention on the effects of Buddhist Counselling group therapy on clients, and also on positive psychological variables (rather than negative ones) such as psychological well-being and life satisfaction. One possible reason for the former issue is that due to the perceived stigma related to using mental health services in Thailand, the utilisation of individual counselling services among Thais is still limited (Tuicomepee et al., 2012). Buddhist Counselling group therapy, on the other hand, can be actively introduced and offered by Buddhist counsellors to various institutions in the form of a project for psychological development. Given this, participants from a Buddhist Counselling group are more available and convenient to gain access to, than those from individual Buddhist Counselling. As for the latter issue, given that Buddhist Counselling is not specifically designed for clients with a particular psychological symptom, rather it is developed to serve Thai people in general, it is not surprising that the current body of empirical literature on this area placed emphasis on positive psychological variables. Although the main limitation of these reviewed quantitative studies is their use of small sample sizes, they provide some useful evidence of the positive effects of Buddhist Counselling group therapy on various kinds of psychological functioning.

2.9.2 Qualitative studies

There is a paucity of qualitative explorations of Buddhist Counselling in Thailand and this body of work has only recently begun.

A phenomenological study by Kaewpeng (2011) investigated the psychological impact of Buddhist Counselling on rehabilitation patients of substance abuse. The study involved an in-depth interview with eight clients who received individual Buddhist Counselling conducted by the author herself. The author reported the following seven themes related to clients' experiences of psychological improvements as a consequence of Buddhist Counselling: a) Being strong: participants reported a strong motivation to stop using substances, and they felt better able to control their thoughts and desires and this helped reduce their use of addictive substances; b) Environment mastery: participants reported a variety of challenges that they faced in their attempts to stop using substance, but they reported a feeling of confidence in their ability to deal with those challenges; c) Being open-minded: participants felt that after the counselling they had a better relationship with others, and they believed that this was because they were less concerned about their own desires, and were kinder to and cared more about others; d) Having purpose in life: participants felt that they were better able to let go of the past, and wanted to improve their lives both for the sake of themselves and of their family; e) Self-value and self-acceptance: participants reported a feeling of content as a result of being able to accept their mistakes in the past; f) Living mindfully: participants felt that they were more mindful and this led to improvements in their daily functioning; and g) Feeling peaceful: participants reported a feeling of relief and peace as a result of the counselling.

In a phenomenological study, Sritongoon (2011) explored how Buddhist counsellors applied the Four Noble Truths to their daily life and to work with clients. Using interviews with seven Buddhist counsellors, the author reported four main themes: a) Living life according to the Four Noble Truths: the participants reported that they aimed to live their lives following the Four Noble Truths, as they found that living their life in this way enabled them to better live with their own suffering, better live in the present moment, and better understand the interrelation of things; b) Cultivating an understanding in the Four Noble Truths continually: this theme indicated that although all the participants were Buddhists and familiar with the Four Noble Truths since they were young, they felt that they did not understand the deep meanings of these Buddhist principles until they were trained in

Buddhist Counselling and they also reported that they continually enhanced their knowledge and understanding of the Four Noble Truths through observing the suffering of themselves and their clients; c) An application of the Four Noble Truths into counselling work: the participants felt that understanding the Four Noble Truths helped them to understand the clients' suffering and work with the suffering clients; and d) Self-development: the participants reported positive impacts as a result of living their lives according to the Four Noble Truths. Specifically, they felt that they were better able to manage their emotions and had a better relationship with people around them.

More recently, Sittiwong (2012) explored the psychological impact of a Buddhist Counselling group on middle school students with low academic achievement. The research involved in-depth interviews with twelve participants who completed a Buddhist Counselling group. The author identified three main themes which showed the positive impacts of the intervention on this group of clients: a) Development of self-awareness: the participants felt that the trustworthy relationships in the group provided them with good opportunity to explore and understand themselves; b) An increase in self-esteem: the participants reported that the relationships in the group made them feel accepted and at the same time able to accept and value others; and c) Intra-personal development: the participants reported behavioural changes such as paying more attention to their study and being more active in making friends.

In the next section, I provide a discussion of what the existing body of both quantitative and qualitative research contributes to current knowledge in the field of Buddhist Counselling, as well as pointing to important areas that have not yet been studied.

2.9.3 Discussion of the reviewed literature on Buddhist Counselling

My literature review shows that in recent years, evidence of the effectiveness of Buddhist Counselling has accumulated. Most studies on Buddhist Counselling use quantitative methods to examine the effectiveness of the approach on various Western psychological variables, such as sense of coherence (Chitnealwong, 2006) and altruism (Kotheeranurak, 2008). This is something of a paradox: given that Buddhist Counselling is an indigenous counselling approach in Thailand, the focus of the existing quantitative research with no attention to its own context is problematic. Although these quantitative studies provide some evidence that Buddhist Counselling could be helpful in promoting various aspects of psychological well-being, very little is known about how Buddhist Counselling brings about

such therapeutic benefits. In my view and others (Howe, 1996; McLeod, 2009), evaluating whether psychotherapy works and understanding how it works lie at the heart of the development of our counselling practice. Given that some previous studies have already provided evidence relating to the former issue, further development of a deeper understanding of how Buddhist Counselling works is thus timely.

To understand how Buddhist Counselling brings about therapeutic benefits requires an understanding of the lived experiences of those engaging in this intervention. As Gordon (2000) argues, failing to consider the meaning of psychotherapy from the perspective of its clients, who are an important partner in the therapeutic relationship, provides an incomplete picture of its nature. This view resonates with Howe's (1996) and McLeod's (2009) assertions that our understanding of psychotherapy and its effects will be advanced if we focus more research on how counselling is experienced by clients. Gaining this understanding is an important component of therapeutic skill, as it may lead to a modification of intervention, and may result in a more effective counselling practice (Elliott & James, 1989; Gordon, 2000; Howe, 1996; McLeod, 2003).

Although qualitative studies that explore either clients' or counsellors' subjective views of Buddhist Counselling are beginning to emerge, the existing body of this work is still extremely limited. What is also noticeable from my review is that the existing research on Buddhist Counselling concentrates much more on clients' views than counsellors' views. This focus may be due to an assumption that clients are key sources of useful feedbacks that can be used to improve counselling practice. Indeed, not only clients, but counsellors, can also have a wealth of practical knowledge. I agree with Hoshmand and Polkinghorne (1992) that counsellors' accounts of their therapeutic practice can "contribute to the knowledge base of the profession" (p. 56). As such, I argue for the need for more research that explores counsellors' views of their counselling practice.

While the qualitative studies on Buddhist Counselling add more depth to the existing quantitative studies, the findings presented in these qualitative studies are still largely descriptive. More precisely, although the two studies by Kaewpeng (2011) and Sittiwong (2012) made attempts to explore clients' psychological experiences of change and similarly described changes that clients experienced in terms of psychological growth (e.g., a feeling of relief and peace), what is still unclear is how the clients achieved such changes. In addition, although Sritongoon's (2011) study set out to explore how counsellors applied the Four

Noble Truths into their personal and professional lives, the findings appear to examine only one particular aspect, namely, counsellors' experiences of applying the Four Noble Truths in their personal lives and its impacts on their personal development. In contrast, the issue of how they applied the Four Noble Truths in their counselling practice is still left unexplored. The presentation of findings in this study was also based on extracts from the participants and only brief descriptions from the researcher. For example, although this study revealed the cultural influence on the counsellors' familiarity with the Four Noble Truths, it did not explore this issue further. In other words, despite studying the phenomenon qualitatively, this study pays no attention to the contextual aspects of the phenomenon.

Noticeably, common to the findings of both existing quantitative and qualitative studies on Buddhist Counselling is the indication of its positive impacts on both counsellors and clients. This means that the existing literature largely addresses the question "Does Buddhist Counselling work?" leaving the question "How and why does it work?" unanswered. These significant gaps in the existing literature are concerning, given that an essential component of competent counselling practice is based on understanding how therapy brings about therapeutic benefits (McLeod, 2009).

The limitations of the existing studies on Buddhist Counselling have implications for my research focus. It becomes explicit that there is a need for further research that will:

- Explore lived experiences of Buddhist Counselling from the perspectives of both clients and counsellors;
- Focus on the overall experiences, rather than on particular aspects (e.g., the impact of Buddhist Counselling);
- Explore this under-studied phenomenon in an in-depth, interpretative, and idiographic manner to gain deeper understanding about it;
- Understand the process of Buddhist Counselling from counsellors' and clients' perspectives;
- Explore the impact of Buddhist Counselling in terms of its process; and
- Understand lived experiences from a holistic perspective by taking the cultural context into consideration rather than seeing it as purely individualistic one.

The need to address the above unexplored areas informs the following main research question and the four sub-questions of my study:

What are counsellors' and clients' lived experiences of Buddhist Counselling?

- How does Buddhist Counselling work from the perspectives of counsellors?
- How do counsellors perceive the impact of their Buddhist Counselling practice?
- How does Buddhist Counselling work from the perspectives of clients?
- How do clients perceive the impact of receiving Buddhist Counselling?

In summary, the limited existing research, combined with the relatively recent development of Buddhist Counselling in Thailand, supports the need for further research into this nascent profession. This research thus sets out to explore counsellors' and clients' lived experiences of Buddhist Counselling. It was hoped that the research would fill the significant gap in the literature by providing a better understanding of the process of Buddhist Counselling from the perspective of counsellors and clients, and a more comprehensive understanding of how it is experienced as well as its impacts on those two parties involved. Ultimately, this could lead to further development and potential modification of Buddhist Counselling intervention.

As counsellors' and clients' lived experiences are areas of interest in my research, the following two sections contextualise my research with reference to the limited relevant body of research on clients' and counsellors' lived experience of counselling and psychotherapy. Before moving onto this review, it is useful to make it clear what I mean by "lived experience" in my research.

Van Manen (2004) has offered a useful definition of the notion "lived experience". He indicates that the notion comes from the German word *Erlebnis*, which can be approximately translated as *experience* in English. While the etymology of the English word *experience* does not contain the meaning of *lived*, the German term *Erlebnis* already includes the meaning of *Leben*, meaning "life" or "to live". *Erleben*, the verb form of *Erlebnis*, means to be "living through something" (p. 580).

To arrive at the meaning of lived experience for qualitative inquiry, van Manen (2004) cites quotes from many significant philosophers, including Wilhelm Dilthey, Edmund Husserl, Hans-Georg Gadamer, and MerleauPonty. Drawing on the concept of lived experience as expressed by these thinkers, van Manen concludes that to explore "lived experience" is "to explore *directly* the originary or prereflective dimensions of human existence" (p. 580).

Following this concept, I use the term “lived experience” in this thesis to refer to *human experience as lived through*. As will be seen later in this thesis, my research is based on the assumption that human experience can be understood through the meanings which people attach to it. In this light, to explore clients’ and counsellors’ lived experiences of Buddhist Counselling means to explore the meanings that counsellors and clients impress upon their experiences of Buddhist Counselling.

2.10 Clients’ lived experiences of counselling

In line with much existing research on Buddhist Counselling, historically research on clients’ views of counselling has been dominated by quantitative research. A considerable body of the existing quantitative studies set out to investigate significant or helpful events of counselling through questionnaires (e.g., Booth, Cushway, & Newness, 1997; Elliott, 1985; Levitt, Bulter, & Hill, 2006; Wilcox-Matthew, Ottens, & Minor, 1997). Through this method, clients’ views are evaluated based on the views of professionals, rather than from the idiosyncratic views of clients (Gordon, 2000; Howe, 1996).

The first attempt to examine clients’ subjective views of therapy may be traced back to the 1950s when Rogers (1951) examined how clients in client-centred counselling experienced the therapeutic relationship by asking them to write accounts of their experiences after counselling. In this pioneering work, Rogers commented “how little this whole field has been explored” (p. 130). Almost four decades later, in reviewing literature on the client’s experience of counselling, McLeod (1990) similarly questioned why researchers have “shown so little interest in the ways that clients make sense of their involvement in counselling” (p. 1). More recently, in a review of research on clients’ experiences, Hodgetts and Wright (2007) also commented that “little attention is generally given to the clients’ viewpoint of what happens in therapy” (p. 158). All of these authors pointed out that the dearth of interest in researching clients’ experience may be due to traditional belief in the superiority of quantitative research methods developed for natural science. As a result of this, there are intensive institutional pressures on individuals to carry out research that follows the assumptions of natural science informed by positivism which is historically seen as *the gold standard*. In the positivistic view, subjective views of clients are seen as being not overt, thereby invalid and unreliable. Asking clients directly about their experience of counselling is thus problematic as it threatens the most fundamental assumptions traditionally held by the majority of scholars in the field. In this light, it is not surprising to

see a considerable body of studies on the effectiveness of psychotherapies, compared to a very small body of research on the lived experience of counselling.

Given that my research focus is on exploring clients' overall experiences, in the following paragraphs I review the limited existing body of published qualitative studies that explored the lived overall experience of clients from a range of therapeutic approaches to explore what these studies contribute to knowledge in the field and to identify important areas that require further exploration. In searching for this relevant body of qualitative research, I use the following keywords "client(s)", "experience(s)", "counselling", "psychotherapy", and "therapy" to identify the relevant research papers published in English through the following electronic bibliographic databases; Applied Social Sciences Index and Abstracts (ASSIA), PsyArticles, PsychInfo, and Scopus. The review excluded literature relating to specific components of a particular therapeutic approach. Through this search, I found a limited body of qualitative research articles (twelve papers) that look directly at clients' overall experiences of their engagement in counselling. These studies are reviewed in some detail in the following paragraphs and are summarised in Appendix 20. If any study specifies the prevalence of participants supporting a particular finding, I will provide this information in my review as well.

In an ethnographic study, O'Connor, St. James, Meakes, and Pickering (1997) explored eight participants' experiences of narrative therapy, aiming to reveal what the participants found helpful and/or unhelpful in narrative therapy. The findings suggested that the participant valued the feeling of being understood, accepted, and treated as the experts on their own family experiences. For the participants, these qualities of the therapeutic relationship enabled them to make some changes to their own problems. However, some of the participants perceived the therapy as slow and this for them was unhelpful.

There are three studies that looked at clients' experiences of mindfulness-based cognitive therapy (MBCT), and they reported several shared findings (Fitzpatrick, Simpson, & Smith, 2010; Mason & Hargreaves, 2001; Williams, McManus, Muse, & Williams, 2011). Two studies reported that severe symptoms appeared to bring clients to MBCT and they came with a desire to have some life improvements; to get "a cure" and to find "a solution" (Mason & Hargreaves, 2001), and to try anything that might help them to cope with their symptoms (Williams et al., 2011). Mason and Hargreaves (2001) also suggested that participants' initial expectations of MBCT helped to determine their later experiences of MBCT: the intervention

was evaluated according to their perception as to whether the perceived outcome met their expectations. Another study by Williams et al. (2011) revealed that although most of their participants came to MBCT with expectations to experience change, some of them reported uncertainty and reservations about mindfulness (e.g., “it seemed a bit unscientific”, and “you sort of go in thinking you are going to sit there and chant with bells”).

Most participants in all three studies valued the group-based intervention of MBCT: they found sharing and hearing each other’s experiences in the group supportive and insightful. According to Fitzpatrick et al. (2010) and Williams et al. (2011), most of their participants perceived regular practice as key to their therapeutic gains. However, many participants in these two studies found the commitment to regular practice challenging. Not being able to commit to the practices, the participants felt that they missed opportunities to gain benefits from MBCT.

The participants reported the impact of mindfulness meditation in terms of discovery (Mason & Hargreaves, 2001), a shift from social avoidance due to Parkinson’s disease (which is caused by a fear of others’ reactions) to cope better with such reactions (Fitzpatrick et al., 2010), and “relaxation, “calmness”, and “inner peace (Williams et al., 2011). More specifically, in Mason and Hargreaves’s (2001) study, although not all participants reported therapeutic gains, all of them who did reported gaining an insight into what caused their depression, being more sensitive to their emotions and thoughts, having some control over mind, being able better to live in the present, and developing an accepting attitude. Fitzpatrick et al. (2010) similarly reported that many of their participants found mindfulness useful in breaking the circle of anxiety. They felt more empowered by being able to gain control over their stress and emotions, and this was thought to be the result of some development of an accepting attitude. Williams et al. (2011) revealed that most of their participants felt that they had gained some helpful skills in coping with their anxiety, and they became more accepting of their health anxiety experiences. Some participants also felt that MBCT practices helped to enhance their awareness of their thoughts, bodily sensations, and emotions, and this increased awareness helped them to understand and break their HA circles. Moreover, all the participants in this study reported the shift in their outlook on their lives (e.g., having more positive views towards themselves and also being kinder to themselves when experiencing difficulties, seeing their difficulties as common rather than specific to themselves).

There are three studies which investigated clients' experiences of cognitive behavioural therapy (CBT) (Messari & Hallam, 2003; Donnellan, Murray, & Harrison, 2012; Pert, Jahoda, Kroese, Trower, Dagnan & Selkirk, 2013). Despite different groups of clients, these studies found that all participants perceived talking about their problems with their trusted counsellors who understood them, treated them as an equal, and took their problems seriously, as key to their positive experience of CBT. For example, Messari and Hallam (2003) who used discourse analysis to explore a particular way of clients' talking about CBT reported that the participants positioned their counsellors as "healers" who helped them to feel better and "educators" who were active and directive in helping them to understand and accept their illness. Pert et al. (2012) revealed that participants came to CBT with some hopes that are directly relevant to the problems that brought them to therapy. The subjective experiences of the outcome of CBT, as similarly described by participants in all three studies are: learning coping skills, gaining control of their problems, being calm, developing more accepting attitudes, and gaining new perspectives about themselves and life in general.

Clarke, Rees, and Hardy (2004) explored five clients' experiences of cognitive therapy (CT). The study reported that the participants valued the feeling of being understood and they also found useful the specific components of CT, namely "thought diary" and "thought challenging" and they applied these models that they gained from the therapy in their lives outwith the therapy. In terms of the impact, the participants felt that CT helped them to develop new perspectives: they felt more confident about themselves, more compassionate with themselves, and better able to let go of things over which they had little power.

Bury, Raval, and Lyon (2007) used IPA to explore the experience of psychoanalysis from the perspectives of six young clients. The authors presented the themes chronologically, starting from the process of seeking help to the ending process of the therapy. The main findings indicated that the process of coming to the therapy was not straightforward: it was shaped and influenced by the participants' recognition of the severity of their problems, their feelings of despair, and their expectations that the therapy would provide them with some help. Despite this, the participants also expressed ambivalence about seeking help because they were afraid of being judged by others due to the perceived stigma and shame associated with having mental health issues. In the therapeutic process, the participants considered their counsellors as key in the therapeutic process. They placed a high value on being listened to, understood, and accepted by their counsellors. However, almost all the participants had

a sense of powerlessness: they perceived their counsellors to be in a more powerful position which made them ambivalent about challenging the counsellors or even asking a question. It should be noted that this study did not report the impact of the therapy on these participants.

Another IPA study conducted by Hodgetts, Wright, and Gough (2007) explored five clients' experiences of dialectic behaviour therapy (DBT). The authors identified three themes chronologically: "Joining a DBT programme", "Experience of DBT", and "Evaluation of DBT". Entering therapy, the participants expressed feelings of despair and a desire to make some changes to their lives. In terms of the participants' experiences of DBT, they referred to particular DBT skills as useful, and they also considered the individual counsellors' qualities as significant in providing them support. Many participants also highlighted the importance of being self-healing agents: they believed that the extent to which DBT was effective varied according to the degree of their commitment to make use of what they gained from DBT. Evaluating DBT, all the participants reported change in terms of their increased ability to control their emotions.

Poulsen, Lunn, and Sandros (2010) explored psychodynamic psychotherapy from the perspectives of fourteen clients with bulimia nervosa (BN). Prior to the therapy, seven participants expected that their counsellors would teach them how to deal with their bulimic symptoms, but they experienced the counsellors as "passive, vague, silent, elusive, and too soft" (p. 474). However, the other five clients felt rather comfortable with their counsellors' nondirective approach. The quality of the therapeutic relationship appeared to lie at the heart of the clients' experience of the therapy. All the participants valued being listened to, accepted, and understood by their counsellors. They also valued the counsellors' relational skills, such as the ability to clarify and make connections, the ability to ask good questions, and the counsellors' encouragement of emotional expression. Seven participants perceived the impersonal characteristic of their counsellors as unhelpful. Following the therapy, all the participants reported change in terms of improvement of their understanding of BN and their bulimic symptoms.

Using grounded theory, Rayner, Thompson, and Walsh (2011) investigated nine clients' experiences of receiving cognitive analytic therapy (CAT) and found that the participants regarded the qualities of the therapeutic relationship as key: they valued talking to their counsellors whom they perceived as friendly, caring, truthful, reassuring, encouraging,

personal, and sympathetic. As a result of CAT, most participants reported general positive changes within themselves: having a better understanding about their feelings which led them to doing things differently, being kinder to themselves, finding a relief, gaining new perspectives, developing self-confidence and self-esteem, and having a better relationship with others.

In summary, the published qualitative studies that explore clients' experiences of therapies are limited but provide evidence that all counselling approaches as reviewed can generate some changes in clients. This accords with comprehensive reviews by Stiles, Shapiro, and Elliott (1986) and by Cooper (2008) that although there are differences both between and within the models of different therapeutic approaches, on average psychotherapies generate positive equivalent outcomes. My review suggests that clients across all forms of therapy place a high value on the quality of the counsellor-client relationship. It is not surprising that this relational aspect of counselling is generally termed in the counselling literature as a non-specific factor (Lampert & Barley, 2001; Ward, Linville, & Rosen, 2007). This is consistent with another extensive review of relational factors in therapy by Cooper (2008) who summarised that "the quality of the therapeutic relationship is closely associated with therapeutic outcomes, across both relationally orientated and non-relationally orientated therapies" (p. 125). Specific components of a particular approach (e.g., mindfulness meditation in MBCT and CAT tools in CAT) are also viewed as helpful. Moreover, several studies similarly indicated that clients came to therapies with hopes and expectations to make a difference to their lives. Although clients in many reviewed studies acknowledged counsellors' personal qualities and skills as keys in facilitating the therapeutic change, they believed that such change depends largely on the degree to which they use what they gained from therapy for their own benefits. This echoes Bohart's (2000) view that clients are self-healing agents "who operate on therapist input and modify it and use it to achieve their own ends" (p. 132).

These shared findings from my literature review are broadly consistent with "common factors" that have been frequently identified in the counselling research. Hubble, Duncan, and Miller (1999) divided common factors across therapies into four main categories and gave each of them a percentage indicating its significance: a) Client/therapeutic factors: clients' own strengths and abilities to heal themselves which is believed to account for 40% of the successful therapeutic outcome; b) Relationship factors: the quality of the therapeutic

relationship which is generated by, for example, counsellors' empathy, support, caring, and acceptance, accounting for 30% of outcome; c) Hope and expectancy: clients' beliefs in the potential positive outcome of the therapy, accounting for 15% of outcome; and d) Model/technique factors: the specific components within different therapeutic approaches and this accounts for the remaining 15% of the successful outcome.

As with my identification of the traditional dominance of the scientific paradigm within counselling research, the authors of almost all the reviewed studies, except two (O' Connor et al., 1997; Pert et al., 2013), also explicitly commented on this issue and attributed such dominance to the little attention that the field has given to understanding psychotherapies from clients' own perspectives. These authors also highlighted the need for more exploratory studies, using qualitative research, within which it "allows for the discovery of phenomena without data reduction that may obscure meaningful distinctions" (Hodgetts, Wright, & Gough, 2007, p. 173). It is also noticeable that seven out of the twelve studies used IPA in their explorations. This suggests the particular relevance of IPA to an understanding of client's idiosyncratic views of their therapy.

Although these twelve studies have made good attempts to understand the experiences of therapies directly from clients' points of view, the findings presented in some studies were still largely descriptive and superficial, with participants' own words being heavily used without further exploration and explanation (Clarke, Rees, & Hardy, 2004; Hodgetts, Wright, & Gough, 2007; O'Connor et al., 1997). More importantly, all these existing studies are decontextualised: only the individual and relational aspects of the studied phenomenon are addressed. This omission is worrying given that counsellors and clients are part of their cultural world, so their experiences of therapy cannot be purely subjective. This omission in the current literature suggests the need for research that pays attention not only to the individual and relational elements of client's experience of therapy, but also to the cultural element of it. This movement, I argue, can provide a more comprehensive understanding of client's experiences of (Buddhist) counselling.

2.11 Counsellor's lived experiences of counselling

In searching for qualitative studies of counsellors' lived experiences of counselling, I used the following keywords "counsellor(s)", "psychotherapist(s)", "therapist(s)", "experience(s)", "counselling", "psychotherapy", and "therapy" to identify relevant research papers published in English through ASSIA, PsyArticles, PsychInfo, and Scopus. In many of the studies that I

reviewed, it appeared that the term “psychotherapist/ counsellor/therapist experience” referred to the number of years and the level of experience that counsellors have, rather than to the therapeutic experience that they have in their therapy. In addition, although there is a reasonable body of literature on counsellors’ experiences of specific moments in therapy, such as therapeutic presence (e.g., Cooper, 2005; Geller & Greenberg, 2002) and counsellors’ experiences of working with specific groups of clients (e.g., Century, Leavey & Payne, 2007; Gubi & Jacobs, 2009; Marozsan, 2012; Pooremamali, Persson, & Eklund, 2011; Reeves & Mintz, 2001), research that specifically looks at counsellors’ overall experiences of their therapeutic practice is extremely limited. Within this very limited literature, there are three relevant studies (Breen, 2011; Lillienfren & Werbart, 2010; O’ Conner Davis, Meakes, Pickering, & Schuman, 2004) that make a specific exploration of this area.

In a narrative approach, O’ Conner et al. (2004) studied eight counsellors’ perspectives of their practice of narrative therapy with families. Using interviews and field notes, the authors reported that the counsellors perceived narrative therapy to be effective in reducing their clients’ problems. They attributed the therapeutic effectiveness to their respect of clients and their support of clients’ agency.

Lillienfren and Werbart (2010) explored sixteen experienced counsellors’ views of what is helpful and what unhelpful in psychoanalytic therapy with young adults. The main findings suggested that these counsellors considered close, safe, and trusting relationships as a core curative factor. They also valued the joint process of working with clients as a way of expanding clients’ self-understanding. The client’s avoidance of closeness with them was seen as the main hindering factor, and the solution offered by these counsellors was to make the treatment longer or more intensive.

Recently, Breen (2011) explored grief counsellors’ understanding of grief, the difficulties they found in their grief counselling practice, and the ways they think grief counselling can be improved. This study involved interviews with nineteen counsellors, and the findings showed that the grief counsellors talked about grief in terms of it being a common part of everyone’s life. They saw rituals, remembrance, and social network support as significant for their grief clients. The main difficulty which they found in their practice was the limitation of gaining access to relevant information and research about grief counselling practices. The participants in this study felt that this difficulty limited their professional development opportunities and they suggested that to improve the client outcome, grief information

should be up-to-date and easily accessible for grief counsellors. This for them was a crucial way to develop themselves as life-long learners, and they believed this could help them to continually develop their best practice.

Based on this review, it is notable that the existing body of the literature on counsellors' overall experiences of their counselling practice has been largely neglected in the counselling literature, and that this area of research has only recently received some attention. The authors of these three studies also commented on the lack of research in this area. This absence is both surprising and concerning, given that the counsellors' reflection on their therapeutic practice can serve as a knowledge base for counselling practice and also for counsellors' professional development (Stedmon & Dallos, 2009). To fill this wide gap in the current literature, more research that seeks to understand counsellors' lived experiences of their therapeutic practice is clearly needed.

2.12 Concluding discussion of the reviewed literature

Most studies on Buddhist Counselling have taken place within a natural science framework. Consequently, much of what we know about Buddhist Counselling still lacks complexity and nuances. Although there is a small body of qualitative studies that seek to explore counsellors' and clients' lived experiences of Buddhist Counselling and of various schools of therapy, the findings of these studies are presented in a way which appears to pay attention only to the personal and relational aspects of the therapeutic experiences. In this way, participants' personal meanings have been divorced from their broader cultural background. For example, although the study by Williams et al. (2011) presented that many participants in their studies initially perceived mindfulness as "a bit unscientific" and as "going to sit there and chant with bells", it did not make any further attempt to explore the possible cultural influences of this personal understanding. When reviewing these studies, I found myself questioning the significance of cultural background on the personal meanings of their counselling experience. I was wondering not only how counsellors and clients think and feel about their therapy, but also why they think and feel in such particular ways.

To conclude, the review of this relevant literature has enabled me to identify not only the under-explored areas of Buddhist Counselling as articulated in 2.9.3, but also the significant omission in counselling research on the therapeutic lived experiences of counsellors and clients. Therefore, apart from my research focus as outlined in 2.9.3, I also

intend to explore the role of participants' cultural background in influencing the personal meanings which they gave to their experiences of Buddhist Counselling. This is my attempt to rectify the significant omission in the current literature by paying attention not only to the individual and relational aspects, but also to the cultural and moral elements of counsellors' and clients' therapeutic experiential accounts. In the next section, I will further discuss why and how such elements should be addressed in my research.

2.13 The relevance of hermeneutics to psychotherapy

It is important to make it clear at the outset that this thesis is based on the assumption that, beyond many universal factors (e.g., the need to be respected, accepted and understood, the desire to pursue happiness and to avoid pain and suffering), culture is a significant factor that has a significant influence on the therapeutic theory and practice. Aiming to heal and to be healed, counsellors and clients who are embedded in a particular tradition inevitably bring their own values and assumptions about how the good life should be lived (i.e., their moral visions) into their therapeutic meetings to make meaningful dialogue. Such moral visions underlying the therapeutic conversation, as Christopher (2006) puts it, "frame both our own and also our clients' notion of what is problematic and what is likely to be therapeutic" (p. 194). In this respect, I argue that the practices of psychotherapy in general and Buddhist Counselling in particular are far from being objective and neutral, rather they are inherently moral activities.

There has been recently an increased recognition of the cultural and moral nature of the therapeutic practice, especially among hermeneutically-inspired writers. Strom and Tennyson (1989), for example, clearly state that "counsellors make and help others to make value judgements about what ought to be done in particular situations" (p. 34). In a similar vein, Martin and Thompson (2003) write that: "Psychotherapy, like other human practices, is embedded and unfolds within a historically-established sociocultural life world replete with moral and political dimensions of collective existence" (p. 14). Sugarman and Martin (1995) strongly argue for a view of psychotherapy as a moral conversation. Similarly, Tjeltveit (1999) provides an explicit account in which moral visions are the fundamental endeavour in psychotherapy:

When a therapist operates out of a school of therapy associated with particular values ... when a therapist makes a response to a sad client who wants to know what he or she

should do, that therapist is engaging in a value-laden activity, that therapist is functioning as an ethicist. (p. 12)

In this sense, psychotherapy should be understood as culturally and morally bound rather than as universal, acultural, and morally-neutral. However, most practitioners and researchers in the field tend to reject the cultural and moral elements of psychotherapy because they consider such elements as something subjective; bringing their subjectivity into their practice is seen as unethical and thus needing to be avoided (Christopher, 1996; Cushman, 1993; Cusworth, 2000; Griffith & Duesterhaus, 2000). Cushman (1993), for example, observes that counsellors rarely perceive their work as an activity largely influenced by culture and history, and so may feel uncomfortable acknowledging that their counselling work is not in fact “neutral”, but involves their ideas about how a good life should be lived.

The assumption that therapeutic practice is value-free is considered to be “strange”, “problematic”, and “astonishing”, given that the discipline is fundamentally based on existential issues, human understanding, and moral commitments (Eaton, 2002; Hoshmand, 2006; McLeod, 2001; Nicholas, 1994). One of the possible reasons for such an assumption is rooted in an attempt to locate psychotherapy within mainstream scientific thought, with the aim of achieving the “objective” or “neutral” and “value-free” status that has been traditionally promoted in the field (Christopher, 1996; Eaton, 1998; James & Foster, 2003; Hoshmand, 2006; Nicholas, 1994; Polkinghorne, 2000). Nicholas (1994), for example, gives a typical comment that:

A traditional principle of psychotherapy has been that psychotherapy is a “science” and, therefore, that morality has nothing to do with it ... the psychologist “scientific practitioner,” even when practising clinically, is expected to adhere first and foremost to the rigors of scientific methodology and technique. (p. 39)

Such aversion to the inclusion of moral visions in psychotherapy may also come from the equation of moral visions with religion. As Cusworth (2000) writes:

It is easy to understand the concerns of some who imagine that if morality were “allowed” each therapist would resemble an evangelist more than a scientist-practitioners. (p. 25)

Indeed, Cusworth (2000) strongly critiques that the inclusion of morals into psychotherapy, which is itself “subjective”, but is implemented as if “objective”, is *unethical*.

James and Foster (2003) comment that imitating the natural sciences by ignoring taking the cultural background into account is indeed a wrong-headed conception of the field.

Due to such assumptions, it is not so surprising that to date there has been a very limited consideration of how cultural values and assumptions play a part in the theory and practice of psychotherapy. As indicated in my literature review, much existing research into counsellors' and clients' experiences of counselling is based only on individual and relational aspects of counsellors and clients. Such exploration is narrow and disregards the culturally and morally embedded nature of everyday human experience. I argue that looking at the subjective experience which people have in psychotherapy from a cultural perspective can bring the notion of persons as integral parts of their cultural world into consideration, and draws attention to the ways in which how the good life should be lived is constructed in relation to an individual's cultural background. Addressing the research topic in this way, I concur with McLeod (2006) that: "The focus of attention becomes the space between the person and the cultural world within which he or she lives, rather than the intrapsychic space within the person's self" (p. 51). In this light, I argue alongside many other hermeneutically-inspired authors (e.g., Christopher, 1996; 2001; Eaton, 2002; Hoshman, 2006) for the need to make the cultural and moral underpinnings of (Buddhist) counselling more explicit by adopting an analytical framework for understanding the relationship between person and culture. Without this recognition and understanding, there is a tendency to overlook the very essence of the culturally and morally embedded nature of our counselling profession.

To address this issue, I found hermeneutics (see Chapter 3), with its acknowledgement of the inter-relatedness of human life, particularly relevant and useful for understanding the inherent cultural and moral aspects of counsellors' and clients' therapeutic experiences. Other hermeneutically-inspired scholars have also recognised the relevance and usefulness of hermeneutics to the field of counselling and psychotherapy (Christopher, 2001; Cushman, 1993; Eaton, 2002, Martin & Thompson, 2003; Mook, 1991; and Polkinghorne, 2000). For example, Polkinghorne (2000) and Mook (1991) similarly note that despite the fundamental differences between hermeneutics and psychotherapy in terms of their origins and goals, the task of understanding and interpreting the meaning of human expressions in various forms takes a central role in both disciplines. Martin and Thompson (2003) assert that hermeneutics is similar to psychotherapy in the three main aspects: "its sociocultural, historical embeddedness, its inherently moral nature, and its necessarily practical, engaged

everydayness” (p. 9). I argue that exploring counsellors’ and clients’ therapeutic experiences in relation to their cultural contexts through the use of hermeneutics can lead to a more comprehensive understanding of the way in which counsellors’ and clients’ experiential accounts of Buddhist Counselling are constructed through their cultural meaning networks, and this has a potential to open up the cultural and moral underpinnings of Buddhist Counselling.

Despite an increasing acknowledgement of the relevance of hermeneutics to psychotherapy, there is limited work in the field that adopts hermeneutics for exploring the cultural influence on therapeutic theory and practice. Much of this work so far has been mainly in the form of theoretical studies, concerned with the discussion about the potential of hermeneutics for psychotherapists in understanding the inescapable cultural and moral embeddedness in the practice of psychotherapy (e.g. Chessick, 1990; Cushman, 1993; Cushworth, 2000; Eaton, 2002; James & Foster, 2003; Martin & Thompson, 2003). In contrast, Christopher (1996, 2001) made attempts to apply a hermeneutic perspective to understanding the cultural influence on Western counselling theories and practices, using case studies. In this light, I argue that adopting hermeneutics to look at the practice of Buddhist Counselling can provide a new way for understanding counsellors’ and clients’ therapeutic experiences and thus contribute to the small pool of work on hermeneutics and psychotherapy.

2.14 Reflexive conclusion

In this chapter, I have engaged in a variety of literature reviews. This was my attempt to provide contextual information about my research topic, to situate my study within the relevant areas, and to identify significant gaps in the current literature which my research will further explore. While I began this research with a reasonably good grasp of the available literature on Buddhist Counselling, I conducted all the literature reviews, including some studies on Buddhist Counselling, after my data analysis. This was largely to ensure that my research is grounded in my participants’ accounts, not in my previous knowledge gained from other existing studies.

Even though I have presented my literature review in a relatively linear manner, my conduct of this literature review was far from straightforward. Indeed, it involved a frequent process of moving back and forth. Throughout the reviewing process although I mostly

enjoyed the sense of discovering a new territory of knowledge, I was continually struck by the enormity of the work. At times I was overwhelmed with the quantity and richness of the materials, for example, on indigenisation of counselling and the Four Noble Truths. At several points I was frustrated by the limit to the available materials, such as on clients' and counsellors' overall experiences of Buddhist Counselling in particular and of psychotherapies in general. I was tempted to keep searching, reading, and adding new material, and in doing so I got lost in my research focus and ended up with a huge volume of writing containing much irrelevant material. This experience made me realise that I needed to be selective and keep my literature review focused on the most relevant areas to my research topic, and this led to several revisions before the final version of this chapter.

This literature review has deepened my understanding of the research topic by enabling me to see the connections between the key areas of my research, namely the indigenisation of counselling, hermeneutics, and (Buddhist) counselling. Underlying the notions of the indigenisation of counselling and hermeneutics is the idea that we cannot understand an individual separately from his or her cultural contexts. Indeed, we need to understand "the individual-in-culture" (Ho, 1998, p. 94). Similarly, the therapeutic meeting is situated within and influenced by its cultural contexts. This means that we cannot comprehensively understand clients' and counsellors' experiences of (Buddhist) counselling without reference to its cultural context. It is the realisation of this shared feature that has helped me to begin realising the culturally embedded nature of ourselves and of our therapy.

Chapter 3

Philosophical and methodological foundations of the research

3.1 Introduction

As is suggested by the chapter title, this chapter consists of two main parts: the philosophical foundations of the research and methodological considerations. In the first part, I aim to answer the questions how, and what, can we know? To do so, I locate my research within philosophical debates by identifying the set of fundamental assumptions underlying my research. This involves a discussion of the epistemological and theoretical perspectives that inform my chosen methodology, namely interpretative phenomenological analysis (IPA). In the second part, I provide a detailed description of IPA. This is accompanied by my consideration and justification of the research design. I consider this chapter as “my research map” that guides me to the goal that I aim to achieve.

3.2 Towards an understanding of counsellors’ and clients’ experiences of Buddhist Counselling: Qualitative inquiry as a way to knowledge

As I described in Chapter 1, my motivation to pursue this research came initially from my personal experience as a counselling trainee in Buddhist Counselling. This experience led me to question how counsellors and clients make sense of their experiences of Buddhist Counselling. However, as discussed in Chapter 2, I found from my literature review that much of the existing research on Buddhist Counselling in Thailand has generally employed quantitative research methods (i.e., experimental designs) to measure the effectiveness of the approach (e.g., Disro, 2008; Kotheeranurak, 2008; Saetang, 2008). Researchers working in this positivist paradigm uphold the view that reality exists independently of the human mind. Accordingly, there is the possibility of gaining true knowledge and of explaining what is actually going on in the world, through quantitative methods (Patton, 2002).

In my view, while it is certainly helpful to use quantitative measures to assess the usefulness of the approach, this way of knowing does not provide a comprehensive understanding of how it is experienced by the counsellors and clients involved. I concur with Kaye (1995) when she writes that positivist inquiry cannot capture the complexity of the interactional and contextual nature of psychotherapy. It is therefore not a research approach

that can provide a clear understanding of the therapeutic process:

Research within this frame necessitates either the reduction of the phenomenon being studied to quantifiable terms, or the selection for study of only those aspects of the phenomenon which can be converted into measurable terms. In the case of psychotherapy, this can only result in a partial picture of therapeutic process, one which also misrepresents its holistic, contextual nature. (p. 46)

Similarly, Crotty (1998) very well summarizes Husserl's views on the limitations of positivist research methods for understanding the lived experience of a phenomenon:

The scientific world is an abstraction from the "lived" world; it has been distilled from the world of our everyday experiences, distances us from the world of our everyday experiences, and takes us further still from the world of immediate experience lying behind our everyday experiences. (p. 28)

What is being suggested here is that the positivist mode of inquiry limits what can be regarded as knowledge to what can be empirically measured. This means that it requires more rigidity than the complex nature of human experience could provide. Thus, it is not a mode of inquiry that allows me to capture the complexity and richness of the counsellors' and clients' experiences of Buddhist Counselling. Accordingly, a positivistic inquiry, I argue, is an inappropriate way to study human experience, which is the focus of my research. In this regard, a qualitative inquiry which is specifically designed to elicit a first-person account of an individual's experience is particularly suitable for the purpose of my study.

To rectify the significant omission in the literature, the purpose of my research is to look at Buddhist Counselling from a different angle: moving the research focus from assessing its effectiveness, using quantitative inquiry, to an understanding of the subjective experience people have, using qualitative inquiry. This way of knowing has the potential to illuminate both the therapeutic process and the experiences of Buddhist Counselling, as well as to generate knowledge meaningful to practitioners.

3.3 Epistemological underpinnings of the research

In doing qualitative research, it is widely acknowledged that the researcher's worldviews and beliefs about a research project have an influence both on the conduct of the research and on the writing of the findings (e.g., Creswell, 2007; Willig, 2008). To produce good research, Madill, Jordan, and Shirley (2000) highlight that qualitative researchers "have a responsibility

to make their epistemological position clear, conduct their research in a manner consistent with that position, and present their findings in a way that allows them to be evaluated appropriately” (p. 17). This means that I need to be clear about which epistemology I adhere to, as this enables me to develop a fuller understanding of what I am trying to accomplish (Guba and Lincoln, 1998; Mason, 2002; McLeod, 2011; Willig, 2008). Otherwise, the application of my chosen methodology would have been impoverished (Ponterotto, 2005).

Although all qualitative methodologies share a common concern with people making sense of their social worlds, they are based on different epistemological assumptions. As Crotty (1998) succinctly points out, “different ways of viewing the world shape different ways of researching the world” (p. 66). To address philosophical and methodological issues in my research, I structure this chapter following Crotty’s idea of the four elements of the research process; epistemology, theoretical perspective, methodology, and methods. Each of these elements inform one another. It is important to note that Crotty considers ontology as sitting alongside epistemology, informing researchers’ theoretical perspective. As he writes: “Ontological issues and epistemological issues tend to emerge together... to talk of the construction of meaning is to talk of the construction of meaningful reality (p. 10). Adopting his suggestion to my research, I articulate my epistemological stance (i.e., what is possible to know and how we can generate such knowledge) alongside my ontological perspective (i.e., what is the nature of knowledge; whether reality exists and whether it exists independently of our consciousness). Informed by my epistemology, I articulate my theoretical perspective, the philosophical assumptions that are embedded in my application of the chosen methodology (IPA) and in my understanding of the key research findings. I end this chapter by articulating my research design.

Madill et al. (2000) identify three epistemological frameworks in psychology: *realism*, *contextual constructionism*, and *radical constructionism*. Along this continuum, there is a different range of views and assumptions regarding what counts as legitimate and meaningful knowledge and how we can gain such knowledge. At the one end, (naïve and scientific) realism upholds the view that it is possible to know how things really are and this can only be possible through objective research methods. At the other end is radical constructionism, challenging the realist notion that there is one single reality that can be represented through a certain method. Instead, it asserts that there are various ways to create meaningful knowledge, depending on our construction of reality through numerous

discourses and systems of meanings embedded in our social and cultural worlds. In other words, knowledge is seen to be a result of discursive construction. Situated between these points is contextual constructionism. Similar to radical constructionism, contextual constructionism does not assume one single reality but views knowledge as context-dependent and time-specific which reflects the researcher's positions, thereby always provisional. However, while it does not assume that one single method can get to reality, it does assert that it is possible to understand reality through the meanings given by research participants, and that such reality when revealed is valid knowledge in a certain time and context, a notion that radical constructionism rejects.

As previously articulated, this research emerged out of my discontent with the gaps in knowledge left by quantitative research informed by *realism*. My aim in doing this research is to have a better understanding of counsellors' and clients' lived experiences of Buddhist Counselling. In my view, the best possible way to gain access to such lived experiences is through dialogue. These lived experiences may not be in the participant's immediate awareness, but they can be uncovered, albeit not completely, through a deep dialogue between the researcher and the research participant.

While I broadly agree with radical constructionism in its focus on the significance of culture and language in constructing a particular version of social reality, I argue that this reflects only a partial aspect of what we do when we tell others about our life stories. As human beings, my research participants and I cannot bear meaninglessness, and this naturally leads us to make sense of our experience. This means that we are not only the products of our cultural and social worlds, we are also actively interpreting the world around us in order to give meaning to it in ways that make sense to us. In this light, I concur with Spinelli's (2005) idea that "all our meaning-based constructs of the world lie in the fundamental inter-relationship between consciousness and reality" (p. 16). This is what Husserl (1936/1970) calls "intentionality", and considers as the basic element of all experience. For Husserl, intentionality consists of two features: what is perceived (noema) and how we give meaning to what is perceived (noesis). These two features of intentionality are interrelated, and the nature of this interrelation is well captured by Ihde (1986): "Every experiencing has its reference or direction towards what is experienced, and, contrarily, every experienced phenomenon refers to or reflects a mode of experiencing to which it is present" (p. 42-43).

Nevertheless, this is not to say that my participants' understanding of Buddhist Counselling and my understanding of their accounts are totally dependent on our subjectivity. Indeed, as each of us is embedded in the shared cultural background, our social and cultural world shapes our mental framework. Accordingly, how we experience and understand something is influenced, to a substantial degree, by our shared cultural meanings. That is, each of us partially shares interpretations of the world with others.

Based on the assumptions outlined above, I locate my research within *contextual constructionism* "where the researcher and subject of research are both conscious beings interpreting and acting on the world around them within networks of cultural meaning" (Madill et al., 2000, p. 9). Specifically, in doing this research, I position myself as the "witness" aiming to capture and understand the participants' lived experience, and also as the "author" of the research findings, interpreting the participants' accounts to gain a deeper insight into their experiences (Willig, 2008). Although I uphold the view that there is an external reality that exists outwith my participants' awareness, I cannot directly and fully access this external reality. Rather, I can only access it through directing my awareness towards what the participants reveal and then making sense of it. As such, in this research, I do not claim that my sense-making of the participants' sense-making of their counselling experiences is an ultimate truth. Rather, all my statements about their lived experiences are "at best, approximations" (Spinelli, 2005, p. 133). As my research has its focus on human experience, intentionality, and meaning-making activity, it thus allies itself with phenomenological and hermeneutic perspectives.

3.4 Phenomenology: Understanding "the things themselves"

Husserl (1936/1970), who is regarded as the founder of modern phenomenology, considers phenomenology to be a practical philosophy that allows the investigation of human lived experience, and he proposes that to examine human experience we should focus on "the things themselves". In other words, he argues that we should investigate our experience in the way that it appears to us, and in its own terms. This phenomenological idea informs my research endeavour: to explore the counsellor's and client's experiences of Buddhist Counselling itself and describe it in its own terms. However, while the aim of Husserlian phenomenology is to reveal the essential features of human experience, following Smith, Flowers, and Larkin's (2009) idea of IPA, my research is more concerned with understanding

“particular experience as experienced for particular people” (p. 16). I will provide my rationale for this research focus further in the next section, where I discuss hermeneutic concepts.

3.5 Hermeneutics: Interpreting “the things themselves”

Another theoretical idea that is as significant to my research as Husserl’s idea of “the thing themselves” is Heidegger’s (1927/1962) concept of *Dasein*, which is most often translated into English as “being-in-the-world”. For Heidegger, our *Dasein* is fundamentally concealed and out of our consciousness, and his attempt in the book “Being and Time”, first published in 1927, is to inquire into this mode of being. He calls this ontological inquiry an “hermeneutics of *Dasein*”. It is this inquiry that led him to argue for *hermeneutic phenomenology*.

Rather than directly taking Husserl’s idea of phenomenology, Heidegger articulates phenomenology through a careful examination of the original meaning of the two Greek terms which form the word phenomenology: “phenomenon” and “logos”. Phenomenon means *appear* or *to show itself*. For Heidegger, the things themselves have a dual quality: they present themselves to us, and at the same time they can also be self-concealing. He argues that things show themselves in various ways, and our perception of things relies on the modes of our access. As such, we cannot grasp the real being of things, only their appearances. For this reason, phenomenology cannot be only a description of the things themselves, as Husserl thought. Indeed, phenomenology is partly concerned with examining the meanings which may be hidden or disguised by the appearance of things. Thus for Heidegger, understanding meanings always requires interpretation. Indeed, understanding is interpretation itself:

In interpretation, understanding does not become something different. It becomes itself. Such interpretation is grounded existentially in understanding; the latter does not arise from the former. Nor is interpretation the acquiring of information about what is understood; it is rather the working-out of possibilities projected in understanding. (Heidegger, 1927/1962, p. 188-189)

The second Greek word embedded in the term phenomenology is logos, generally translated as *discourse*. For Heidegger, as Moran (2000) elaborates, “discourse brings the matter out into the open, lets it be seen, makes it manifest, although it is always driven by human needs and human interests” (p. 29). This means that when we say something such as

the ocean is huge, we are disclosing some aspect of the nature of the ocean. However, as we live in the already interpreted world, Heidegger maintains, we cannot reveal all of the truth all the time; what we reveal can be covered up or distorted.

It is this careful analysis of the terminology of phenomenology that led Heidegger to connect phenomenology with hermeneutics. These two terms embedded in the word phenomenology imply that phenomenology has a dual focus: the primary focus is “the thing itself as it appears” and the second focus is “an interpretative act” that enables us to understand the appearance of a thing. My study allies itself to this endeavour and therefore it can be located within hermeneutic phenomenology: it is “phenomenological” in that it is concerned with lived experience as it appears to the participant, and it is “hermeneutic” as it recognises the interpretive act as necessary. More specifically, my endeavour in this research is not only to understand what are the participants’ claims and concerns about their experiences of Buddhist Counselling (my phenomenological endeavour), but also to make sense of what it means for the participants to have such claims and concerns (my hermeneutic endeavour). To that end, the participants and I need to engage in acts of interpretation. This is termed by Smith et al. (2009) as “a double hermeneutic”, meaning the dual process of meaning-making when “the researcher is making sense of the participant, who is making sense of x” (p. 35).

Following Heidegger (1927/1962), I understand interpretation as “grounded in something we have in advance--in a fore-having, fore-sight, pre-grasp or fore-conception” (p. 191). This fore-structure is influenced and shaped by our personal and cultural history, yet is largely outwith our focal awareness. The reason for this lack of awareness is that, as we are so deeply embedded in our everyday social world, we tend to take most of what we know about it for granted. Despite its unarticulated existence, Heidegger asserts that our fore-structure is inevitably present as it is a fundamental structure of Dasein, and indeed it is an essential resource for our everyday understanding.

As with Heidegger, Gadamer (1975/2013), in his book *Truth and Method*, asserts the central role of history in human understanding and considers this background knowledge as positive, rather than negative. Explaining his idea in the context of my research, my preconception which is influenced by my cultural and professional backgrounds forms what Gadamer calls “horizon” and terms as “the range of vision that includes everything that can

be seen from a particular vantage point” (p. 301). Such an horizon is actually not the limit of my understanding, but it is the springboard that leads me to a new horizon. Indeed, without this horizon, my understanding would not have been possible. In other words, according to Gadamer, while my horizon offers a certain range of vision, it can be modified and broadened. For this to happen, it is important that I am open to the truthfulness of the participants’ accounts which are “better informed than we are, with our prior opinion” (p. 294).

Indeed, in the hermeneutic view, there is a circle in our understanding, commonly known as “the hermeneutic circle” (Smith et al., 2009, p. 27). In the context of my research, I start the process of interpretation with my preconception, and this preconception influences my understanding of the participants’ experiential accounts. In turn, in the course of an “open” interpretation, the participant’s account itself shapes my understanding of it. This means that although in the act of interpretation my background knowledge of Buddhist Counselling and Thai culture is inevitably the starting point of my understanding of the participants’ accounts, this does not mean that I entirely rely on my preconception. In doing this research, borrowing Palmer’s (1969) terms, I am aware that I am not “a knower” who seeks my own answer of the participants’ experiential accounts, but “an experiencer” who seeks to understand what the participants really mean. My intention is indeed to discover something new about Buddhist Counselling beyond what I already know and understand. As such, in the task of interpretation my understanding is necessarily provisional and open, and it must be able to be modified when a new understanding is encountered. This means that, as Palmer (1969) succinctly writes, I must “grasp and be grasped by the text” (p. 26). So, the process of interpretation in my research is non-linear, and indeed iterative. The concept of the hermeneutic circle which Smith et al. (2009) understand as “the dynamic relationship between the part and the whole” (p. 28) is also a useful concept with which to think about my approaches to the act of interpretation. I apply this concept to my research in various ways. For example, I use the whole of the participants’ accounts to make sense of the particular part of it. To think of the relationship of the data as a whole, I move back and forth both within the individual transcript and also across the transcripts of each participant. I also structure the finding chapters and the discussion chapter in accordance with the part-whole relationship of the hermeneutic circle. Such applications will be revisited later in the thesis, where relevant.

Moreover, as will be seen in the two findings Chapters 5 and 6, the most striking feature of the participants' accounts is their articulation of the interrelation between their culturally-embedded selves and their experiences of Buddhist Counselling. To think more interpretatively and culturally about this issue, when discussing such key finding in Chapter 7, I will draw mainly upon Taylor's (1989) concept of "identity and the good" (see 3.5.2) which provides a useful conceptual framework for understanding the fundamental nature of individuals' moral visions. As with many other philosophical sources, Taylor's writings are grounded in the context of the modern West. However, instead of trying to sort out the particular visions of the goods within the given tradition, Taylor's main attempt is to articulate the fundamental stance which people take towards certain visions of the goods. Due to its general focus, this hermeneutic concept can be broadly applied to the context of my research and serves as a starting point for understanding the cultural and moral aspects of the counsellors' and clients' counselling experiences.

In this section, I have justified why interpretation is necessary and how such an interpretative act is operated in my research. In the next section, I further clarify my assumptions underlying the act of interpretation through a discussion of the interrelation between language, human experience, and understanding.

3.5.1 Language, human experience, and understanding

Central to a hermeneutic notion of language is objection to the idea that language is only a tool that one uses for a purpose and then leaves when one finishes that business. To see a word only as a tool, Gadamer (1975/2013) argues, is to separate speaking from thinking. Indeed, experiences and thoughts occur in and through language, not after language. So, they all are inseparable:

The language that is living in speech, language which encompasses all understanding and all interpreters of texts, is so fused with the process of thought that we have far too little in hand when we turn away from what languages hand down to us in content. (p. 382)

My assumption in doing this research is that language is a primary medium in which a tradition is represented and transmitted, and it is in which and through which language that we perceive, understand, and disclose our lifeworld. I also support Taylor's view (1985) of the reciprocal representation of language and feelings: feelings always occur to us according

to our interpretations that are made accessible by our language, and our articulation of such feelings also forms and transforms our feelings:

To say that language is constitutive of emotion is to say that experiencing an emotion essentially involves seeing that certain descriptions apply ... Language articulates our feelings, make them clearer and more defined; and in this way transforms our sense of the imports involved; and hence transforms the feeling. (p. 71)

This suggests that feelings are *always already interpreted*, but it does not mean that they are *purely subjective* in a sense that they only exist within our minds, not “out there” in the real world, the view that is upheld by radical constructionism. In doing this research, as previously mentioned, I attempt to move beyond the two radical views: the objectified view of reality and the subjectified view of meanings. My view is that we would not be able to think and act in the ways that we do without admitting that values and meanings in our everyday life are “out there” in the situational context itself, for example, if we see someone is hit by a car and we feel bad about that accident. That bad feeling that we give to that situation is clearly not purely our subjective response, instead it is grounded in the import of the situation. In other words, I think that we can only make sense of our experiences when we see them as having a real existence and having a particular meaning for us. As such, I support Taylor’s (1985) assertion that “to experience fear is to experience some object as terrifying or dangerous; to experience shame is to experience some object or situation as shameful or humiliating” (p. 47).

Adopting such an hermeneutic perspective, in doing this research I consider the participants’ meanings as generated by language, both unique and shared, and fundamentally ambiguous. I also regard their accounts as what Gadamer (1975/2013) calls an “experience of the world” and what Taylor (1985) considers as something “real and matter to them”. For me, such accounts serve as an “open space” into the lived world of my participants (Palmer, 1969). This means that it is through our conversation, which is made through our shared language, that my participants share their lived experience with me, and at the same time I can gain some access to their experience. However, considering participants’ accounts as real to them does not mean that I see meanings attached to those accounts as a representation of their *true* feeling waiting to be revealed. My concern is thus not whether what my participants told me is factually accurate. Rather, I assume that the participants’ accounts will reveal something that is real and matters to them.

In Chapter 2, I indicated the significant omission of cultural and moral aspects in the existing literature on counsellors' and clients' experiences of therapies, and proposed that hermeneutics can be a useful concept for rectifying such an omission. In the next section, I will outline this conceptual framework of my research, and I will demonstrate the relevance of such a conception to the key findings of my study later in Chapter 7. This theoretical adoption is my attempt to bring cultural concerns and commitments to the work of understanding my participants' accounts. In doing so, *my* accounts of *their* accounts are always creative and interpretive. In such a way, the two perspectives are likely to be altered and enriched through this interpretive work (Richardson, Fowers, & Guignon, 1999).

3.5.2 Identity and the good

Following hermeneutics, I see the self and culture as inseparable. By *the self*, I mean the individual who acts in this world according to what he or she sees as desirable or worth pursuing. In this sense, the self contains what Taylor calls "moral frameworks" which are fundamentally handed down by a particular community to which the person belongs. While culture can be understood variously, I use this term following Gadamer (1975/2013) to refer broadly to *a tradition* within which a set of shared cultural values and practices are buried and which inform the ways in which a group of people live their lives. Taylor (1989) argues that implicit in our ways of being and doing in the world are ideas of what constitutes the good life and the good person, termed as "moral visions". Indeed, Taylor considers culture as "moral sources" that inform individuals how the good life should be lived. In this sense, the term culture is intertwined with the terms moral visions and also the self: *the self* is an individual who acts within a set of *moral visions* (an understanding of what is desirable and worth pursuing) which are handed down by *culture* (moral sources).

In his book "Sources of the Self", Taylor (1989) starts out from the question of *being*: he asks what it is "to be a human agent, a person, or a self?" (p. 3). Following this question, he almost immediately states that "selfhood and the good, or in another way selfhood and morality, turn out to be inextricably intertwined themes" (p. 3). It is this claim that lies at the heart of his notion of identity and the good. Like Heidegger, Taylor also rejects the assumption embraced by supporters of naturalism, whom he calls "objectivists", that for the most part the world is objective and value-free. In contrast to the objective assumption, Taylor maintains that the cultural group in which we are situated both explicitly and implicitly

orients us toward what he calls “inescapable frameworks”, the frameworks that inform us of what is good, desirable and worthy in being and becoming:

People may see their identity as defined partly by some moral and spiritual commitment, say as Catholic, or an anarchist. Or they may define it in part by the nation or tradition they belong to, as an American ... What they are saying is not just that they are strongly attached to this spiritual view or background; rather it is that this provides the frame within which they can determine where they stand on questions of what is good, or worthwhile, or admirable, or of value. (Taylor, 1989, p. 27)

Based on the conception of moral frameworks above, in this thesis I use the word *moral visions* to refer to *a set of cultural values and assumptions that define our sense of the good and that shape our lives by our attempt to live out such visions of the good*. Adopting Taylor’s (1989) view, I understand that different visions of the goods come with rather different notions of the self. This means that to know who we are is to have a sense that some mode of life, action, and feeling is “incomparably higher” than the others. He uses the word “incomparable” to refer to the goods that are seen as “qualitatively superior” in the extent to which they cannot be compared with the other ordinary goods. They are distinctive in that they embody a sense of what is admirable and worthy and this sense orients us towards a certain kind of person that we wish to become. Taylor rejects the view that the basic moral orientation which directs one’s action can be simply understood in universal terms. Rather, adhering to the universal good, such as respect for all human being, is not equivalent to adhering to some moral frameworks that we consider as “higher” or as mattering for us, for example, preferring to eat healthy food, and such adherence is what Taylor calls “an orientation to the good”, or “the making of qualitative distinction”. This point of view then leads Taylor to link the term “qualitative distinction” with “strong evaluation”: the goods that command our awe function as our standards by which our desires and choices are evaluated and hence give us a sense of “place” and direction in the world.

Taylor (1989) also asserts that many perceptions of the goods make sense only against a shared background understanding in a given community. They are thus far from being universally real: “good and right are not properties of the universe considered without any relation to human beings and their lives” (Taylor, 1989, p. 56). Indeed, for Taylor, “the good is always primary to the right” (p. 89), which means that what we evaluate as right is essentially determined by our sense of the good. Following Taylor’s standpoint, I understand that common to all moral issues is that they are not freely chosen or invented by us. Instead,

the self only exists through “webs of interlocution”, or some kind of interchange with other selves. We can “only adopt such distinctions as make sense to one within one’s basic orientation” (Taylor, 1989, p. 30). The idea that our lives are culturally informed by some set of moral visions is reminiscent of Heidegger’s (1927/1962) assertion that “we do not, so to speak, throw a ‘signification’ over some naked thing which is present-at-hand, we do not stick a value on it” (p. 190). Instead, I argue that what we see as admirable or worth pursuing is, to invoke Heidegger’s language, “never a presuppositionless apprehending of something presented to us” (p. 191).

As for the question of how our pictures of the good have evolved, Taylor asserts that a vision of the good is only possible for us through some “articulation”. Explaining this notion, Taylor refers to the belief in God; God exists for people because he has been talked about in countless ways, for example in the Bible, literature, and so on. Although these articulations in neither way are sufficient for people to believe in God, it is “a necessary condition of adhesion; without it, these goods are not even options” (Taylor, 1989, p. 91).

The terms “articulation” and “language” are used by Taylor in a broad sense, referring to a sense of the good that is commonly expressed in linguistic forms, such as in the manners of prayer, as Taylor indicates: “words can at times have tremendous moral force” (p. 96). Expression of the good is not only limited to such forms of language but also includes, for example, the gesture of ritual, music, and visual symbols. It is through such articulations that “can bring us closer to the good as a moral source, can give it power” (Taylor, 1989, p. 92). Because our sense of the goods are drawn from a range of the goods provided by our tradition and they gain their meaning and significance from the dialogical interchange with others, it follows that such articulations of our values in turn is publicly shared: prior to us they are already *out there*, part of the life world which we inhabit.

For the question as to what the underlying sense of the good consists in, according to Taylor’s idea, although our moral frameworks are fundamentally handed down to us by our tradition, this does nothing to entirely diminish the agency of the person. For him, “to be rational is to have a vision of rational order, and to love this order” (p. 92). This means that to be a person is not only to have a vision of the good and to act in certain way, but also to love what is good. The love of the goods then empowers us to be better able to live up to them and give us a sense of purpose and direction. Indeed, the love of the good is “the Good”

itself in a fuller sense, and he terms this as “hypergoods” or “constitutive goods” (Taylor, 1989, p. 92), and this love of the good serves as a moral source.

3.6 IPA as the chosen methodology

Interpretative phenomenological analysis (IPA; Smith, et al., 2009) is one of the numerous phenomenological approaches to qualitative research. It was initially developed by Jonathan Smith with the purpose of establishing a qualitative research approach specifically for psychology (Eatough & Smith, 2008).

IPA has its roots in two ways of knowing: phenomenology and hermeneutics. Drawing on phenomenology, IPA focuses on understanding human experience and on the meanings which participants give to it. Locating itself within hermeneutics, IPA focuses on the meaning-making activities involved in the analytic process. Smith et al. (2009) neatly point out the necessity and usefulness of such a synthesis of the concepts drawn from both traditions: “Without the phenomenology, there would be nothing to interpret; without the hermeneutics, the phenomenology would not be seen” (p. 37).

As I have already argued, IPA was chosen as a way of exploring and understanding counsellors’ and clients’ lived experiences of Buddhist Counselling for the main reason that it synthesises the two philosophical concepts, phenomenology (phenomenon) and hermeneutics (logos), which are particularly consistent with the epistemological position of my research aims. Its phenomenological focus potentially allows me to understand people’s lived experiences of Buddhist Counselling from their own points of view. Its interpretative focus enables me to develop a more explicitly interpretative analysis in order to throw light on the deeper meanings contained within the participants’ accounts. In other words, such dualism allows sense-making on both sides, the participant’s and the researcher’s, to be possible.

Idiography is another key feature of IPA, and is concerned with *the particular*. This is in contrast to much mainstream psychological research, which is *nomothetic*, focusing on the general and on making claims at the group level. Smith et al. (2009) point out that IPA’s idiography involves two main commitments: a) a commitment to a detailed analysis of each single case, and b) a commitment to making sense of how a particular participant makes sense of a particular phenomenon. Sometimes, this commitment is made through the writing

up of a single case, which allows for a detailed exploration of an individual's experience (e.g., de Visser & Smith, 2006; Eatough & Smith, 2006). This idiographic focus of IPA is also consistent with the aim of my research, in that the research seeks to achieve a more comprehensive understanding of Buddhist Counselling from the counsellors and clients involved. This research aim, I argue, is only possible through an intensive and detailed examination of an individual participant, based on the participant's own words.

The idiographic commitment of IPA therefore leads most IPA studies to having a small number of participants and to the analysis within a single case before examining across cases. Smith (2011) suggests that to produce a good IPA study, researchers should not only present shared, but also unique accounts of participants. Committing to idiography does not mean that IPA rejects generalizations. However, as Smith et al. (2009) write, "it locates them in the particular, and hence develops them more cautiously" (p. 29). Indeed, they assert that it is more appropriate and relevant for IPA researchers to consider this issue in terms of "theoretical transferability rather than empirical generalizability" (Smith et al., 2009, p. 51). In this respect, IPA research should be evaluated on the basis of its transferability to persons in more or less similar contexts. To that end, as Smith et al. (2009) further advise, the researcher needs to offer a detailed, transparent, and contextualized analysis in order to enable the reader to make connections between the researcher's analysis, the claims in the existing literature, and their own personal and professional experience.

Like much qualitative methodology, my research follows an inductive approach, in that I do not rely on specific research hypotheses derived from the extant literature. Instead, I employ flexible research methods, the focus group and semi-structured interviews, and enter the research process with broad questions, in order to allow unanticipated and rich data to emerge. Although I aim to explore my participants' experience from their own perspectives, I acknowledge that such experiences can never be directly accessed and that such exploration is inevitably influenced by my own perspectives. Indeed, as I already stated, the interpretative act of the research is not only inevitable, but also necessary in order to make sense of the participants' lived experience.

My dual role as a researcher is to "give voice" to the participants' experiential accounts, and to "make sense" of their accounts by offering an interpretation of them (Larkin, Watts, & Clifton, 2006). To that end, I need to engage in two different levels of interpretation: *an*

empathic hermeneutics and *a questioning hermeneutics*. The former is when I try to understand the participants from their points of view in order to capture and describe their claims and concerns. The latter is when I move the analysis deeper by critically interrogating the data, asking “what does this mean for this person, in this context?” (Larkin et al., 2006, p. 117). My aim in this second level of interpretation is to reveal various possible meanings underlying the data in order to shed further light on the data. Most importantly, the starting point of an interpretation at any level is the participant’s own account. The interpretative work thus requires me to move back and forwards between pushing the analysis deeper, and sustaining my immersions in the data (Eatough & Smith, 2006). All of the IPA principles discussed above will be further elaborated in Chapters 4 and 7 where I demonstrate how these IPA principles are applied in the practice of my research.

Consistent with the purpose of IPA, the aim of my research is not to reveal the essential structures of a phenomenon. Instead, I aim to elicit detailed descriptions from a small number of counsellors and clients who share an experience of Buddhist Counselling. The idiographic basis of IPA, focusing on the particular rather than on the universal, allows a great depth of analysis, thus potentially providing greater understanding of counsellors’ and clients’ experiences of Buddhist Counselling. I argue that the theoretical foundations of IPA are particularly resonant with the purposes of my research. As such, it is an appropriate approach to the research.

3.7 Research design

3.7.1 Research methods for data gathering

When it comes to selecting research methods for data gathering, it is important that, as Finlay (2011) and King and Horrocks (2010) suggest, my choice of methods were suitable for the purpose of my research and consistent with my methodology. In the following paragraphs, I present my rationale for employing a focus group and semi-structured interviews for researching the counsellors’ experiences, and for using two semi-structured interviews as methods in exploring the clients’ experiences.

As my research purpose is to explore in detail how clients and counsellors make sense of their experiences of Buddhist Counselling, when searching for suitable methods I was looking for methods that are congruent with the theoretical underpinnings of IPA that could

help me to gain a rich and detailed account of the participants' Buddhist Counselling experiences.

IPA is a qualitative research approach that has developed preferred methods for collecting and analysing data (Smith et al., 2009). One of the data collecting methods most widely used and which is arguably the exemplar data collection method in IPA, is the semi-structured individual interview. The reason for this is that IPA is an approach committed to the detailed exploration of individual experience: the semi-structured, one-to-one interview is thus obviously in accordance with such a commitment (Smith, 2004).

The semi-structured interview is a relatively non-directive approach, where participants are allowed to tell their own experience in their own words and in ways that are most important to them. Also, the semi-structured interview provides an opportunity for the researcher to further explore personal accounts in detail, by allowing the researcher to ask additional questions and seek further clarification beyond the main questions (Smith et al., 2009).

Due to these sensible reasons underlying IPA's preference for semi-structured individual interviews, I considered using semi-structured, one-to-one interviews as my main data gathering method for both groups of counsellors and clients. However, thinking about my attempt to capture *rich data* from the interviews raised some important questions. These questions were: would this method provide data rich enough to answer my research question? Should interviewing be combined with another method to refine and deepen the data under study?

For the first question, due to the aforementioned advantages of semi-structured individual interviews, I thought it is possible to use in-depth, semi-structured interviews and achieve rich data from the participants. However, the richness of accounts seems to depend on many important factors, such as the skill of the interviewer, the study topic, and the characteristics of the participants (Roulston, 2010). Although the semi-structured interview tends to encourage the development of a rapport between the researcher and the participant, this rapport may not happen quickly (Silverman, 2010). In my view, holding only one interview with each participant might not have been sufficient to establish a good relationship, and so consequently may not have provided a sufficiently detailed account of the participant's experience. In the light of these concerns, in my search for a means to gain

rich data, apart from semi-structured interviewing, I thought about employing another method in the hope of deepening the data of my research. As my study involves two different groups of participants, namely counsellors and clients, it was important to employ the most appropriate data gathering methods for each group of participants.

In order to gain an in-depth understanding of the counsellors' experiences of Buddhist Counselling, I considered setting up a focus group prior to the individual interviews. Doing the data gathering this way, as Silverman (2010) suggests, can be helpful in eliciting a range of perspectives and understanding of a studied phenomenon. As a result of this, any important issues that deserve a further exploration and elaboration in the individual interview can be more appropriately identified. Although individual interviews are predominantly used in IPA research, focus groups have also been employed as a data gathering method in some IPA studies. For example, Flowers, Duncan, and Knussen (2003) conducted a study exploring the psychosocial costs and benefits associated with Scottish gay men learning about their HIV status, through individual in-depth interviews and focus group discussions. They noted that although both methods focus on the participants' understanding of and perspectives on HIV testing, these methods produce different data. While in-depth interviews elicit a detailed account stemming from personal disclosure, the focus group is socially oriented, and its resulting data "tend to address debates concerning particular issues and, as such, often reflect the dialogue between participants and the clashing of opinions" (Flower et al., 2003, p. 181).

Similarly, a more recent research by de Vesser and Smith (2007) employed both individual interviews and a focus group to explore how young men's patterns of alcohol consumption are related to their beliefs about masculinity. The aim of their use of the two different sources of data was to gain complementary data with different linked objects of analysis: the researchers used individual interviews to focus on subjective experience and group discussions to focus on social ideologies.

According to these two studies, the purpose of using a combination of research methods was to gain complementary data to provide a fuller picture and a more comprehensive understanding of the investigated phenomena. In this respect, apart from individual interviewing, a focus group seemed to be another potential choice of method for getting rich data and gaining an insight in the studied phenomenon.

However, it is argued that any personal accounts and experiential reflections in a focus group are likely to be embedded in a fairly complex context of interactions. For example, as Palmer, Larkin, de Visser, and Fadden (2010), and Smith et al. (2009) point out, this interactional complexity of the discussion itself tends to make it more difficult to infer and develop personal accounts. Additionally, the presence of others in a group may make it difficult for participants to reveal their own feelings and experiences in an open way and in sufficient detail. The group discussion might also bring about more third-person stories, rather than their own first-person accounts (Smith, 2004). To deal with using a focus group in IPA research, Smith (2004) suggests that:

My advice to someone committed to conducting focus groups within an IPA perspective is to “parse” transcripts at least twice, once for group patterns and dynamics and subsequently, for idiographic accounts. If the researcher is convinced that participants are able to discuss their own personal experiences in sufficient detail and intimacy, despite the presence of the group, then the data may be suitable for IPA. (p. 50-51)

While a focus group is considered a less suitable method for IPA research as it provides a more complex interactional environment than that provided by an individual interview, the interactive context of a group can actually stimulate the production of personal accounts differently from what happens in an individual interview (Tomkins & Eatough, 2010). Participants may, for example, be unaware of what they think or feel or remember about an experience, but in a group context, when they talk and interact with other people on a topic, their thoughts, feelings and memories may rise to the surface. As Morgan (1997) notes, “the hallmark of focus groups is their explicit use of group interaction to produce data and insights that would be less accessible without the interaction found in a group” (p. 2).

Additionally, in a group context participants can hear, exchange, and complement each other’s viewpoints. Participants also have time for reflection while others are sharing their stories before adding their own point of views. A focus group therefore tends to enrich the data and meanwhile serves to validate the points being raised as shared experiences (Bradbury-Jones, Sambrook, & Irvine, 2009).

Apart from wanting to gain rich data, I also wanted to use this focus group data for follow-up questions in the subsequent interviews with the counsellors. Moreover, whenever possible I wanted my research to be a means for my participants to learn something from each other’s experience, and not just a means for me to get data from them. I thought that

a focus group could create an interactive environment, potentially allowing my counsellor participants to share, hear, discuss, and complement their experiences, and that these could bring about learning from experiences. For example, research done by Moloney (2011) and Balan (2005) showed that their participants reported personal insights and transformative changes as a result of sharing their personal experiences in a focus group. Using a focus group in my research could be a form of professional development for the counsellors who participated. To conclude, due to its possible use in enriching the data and due to its applicability to the counsellors in my research, I chose to employ a focus group as a complementary method of data gathering for the group of counsellor participants.

Moving on to client participants, one potential problem of focus groups is that clients may feel uncomfortable disclosing and discussing their own personal experiences in intimate detail. Similarly, because of issues of privacy and confidentiality, a focus group was not a suitable method for a group of clients. So, to gain rich data from client participants, I chose to employ a second interview instead. I aimed to use the first interview to establish rapport with the client participants and to explore their experience of engaging in Buddhist Counselling. I hoped to use the second interview for two main functions: on the one hand it looked back to the first interview, and on the other it looked forward to new material. After the first interview, I planned to transcribe the interview and identify if there were any gaps in the data in terms of my research questions. In the second interview then, I would use the first interview as a springboard for discussion: I would ask the participant to tell me more about those gaps, to expand on their original answers, to provide concrete examples and add whatever they wanted to add to their previous accounts. I hoped that this second interview would also allow them to add new material. I also hoped that as our relationship further developed, my client participants would feel more comfortable to talk about their personal experiences, and thus provide a more detailed account of their Buddhist Counselling experiences.

3.7.2 Sample size

Due to the commitment to a detailed analysis, the number of participants for IPA studies tends to be small. A good sample size for doing IPA, as Smith et al. (2009) suggest, is between three and six participants as this number allows researchers to develop rich and detailed analysis.

To conduct a focus group with counsellors, in terms of the participant numbers per group, Smith et al. (2009) suggest that “you need sufficient people to generate a discussion, but not so many as to make it difficult to manage” (p. 73). Following this recommendation, I planned to recruit 4-5 Buddhist counsellors for the focus group, and also invited them for interview. For client participants, I planned to recruit 3 clients, and to interview each of them twice. I argue that this small sample is necessary for the purpose of my research where its primary aim is to capture and reveal the complexity, nuances, and richness of counsellors’ and clients’ lived experiences.

3.7.3 Developing the interview and focus group questions

The purpose of constructing the focus group and interview schedules was for me to have a guide for areas of interests to be covered. According to Smith and Osborn (2008), producing an interview schedule beforehand enables the researchers to think carefully about what they think the interview should cover. Also, thinking about how the interview may proceed also enables the researcher to concentrate more thoroughly on what the participant is actually saying. This can help to establish rapport with the participants, and in turn, it can help them to articulate detailed accounts of their experience.

As recommended by Smith et al. (2009), in developing interviews and focus group questions, I tried to phrase questions that were open, and in order to do this I tried not to make too many assumptions about the participants’ experiences. As shown in Appendices 7, 8, and 9, I planned to start my interviews and focus group with a broad question (e.g., Could you please tell me about your experience of seeing your counsellor?). Using such a question, I aimed to make participants comfortable about recounting their experience in their own ways. As the conversation evolved and the participants felt more comfortable talking, I planned to introduce some more specific detailed questions. I also planned to have possible prompts (e.g., Could you tell me a bit more about that?) and probes (What do you mean when you said ...?) to elicit more detailed accounts. At the end of each interview and focus group, I planned to invite participants to share any additional information that they may not have articulated, or that they felt had not been explored.

Although I had developed a series of questions, I did not intend to use them in any rigid way. As I was aware that posing the right question at the right time is important to facilitate fuller disclosures from the participants (Moustakas, 1994), I did not necessarily follow the

questions in the order given. Rather, I would decide whether to ask participants each question according to the situation and the natural flow of the conversation. I would also use additional questions if they seemed to help clarify the participants' meaning and promote their richer accounts.

3.8 Embedding reflexivity within the research

Before moving to the next chapter, I end this chapter with this section where I provide my rationale for the use of reflexivity in my research and a concise discussion of how my reflexivity is embedded within this research.

Reflexivity is seen as central to experiential qualitative research, as Flood (1999) puts it, "without some degree of reflexivity any research is blind and without purpose" (p. 35). The term "reflexivity" is defined and used in various ways mainly depending on the philosophical stance upheld by the writers (Shaw, 2010). Returning to my philosophical stance, I situate my research within contextual constructionism, in which assumptions of objective, unproblematic, straightforward relationships between reality and our representation of it are denied, in favour of conceptions of intersubjectivity. Taking up this stance, I consider knowledge and understanding as grounded in the contextually and culturally bounded horizons of the interpreters. Accordingly, I uphold a view of the provisional, incomplete, and perspective nature of knowledge. Consistent with this stance, IPA, with its hermeneutic focus, recognises the significance of the researcher's preconceptions and regards these as being both opportunities and barriers for our understanding of other's lived experiences, depending largely on how well we engage in reflexivity.

Woolgar (1988) identifies a continuum of the researcher's self-reflection which ranges from "benign introspection" to "radical constitutive reflexivity". On the one hand, benign introspection or what he also calls "reflection" has its root in the natural sciences, upholding the positivist view that there is a distinction between a studied object and the representation of it. It is typically included in research reports as an addendum in the form of what Woolgar calls "fieldwork confession", offering an account of how the research was conducted. On the other hand, radical constitutive reflexivity or what he also briefly calls "reflexivity" is rooted in the view that there is an interconnection between studied object and our representation of it; the former enhances and is enhanced by the latter. While the aim of adopting introspection or reflection is to demonstrate that there is an adequate connection between

studied object and the researcher's representation of it, the aim of adopting reflexivity is to demonstrate and acknowledge the researcher as part of knowledge co-construction.

Based on this conceptualisation of reflexivity, I adopt reflexivity to explicitly locate myself within the research, and to articulate and acknowledge my inevitable influences on this research. More precisely, in my thesis, by "reflexivity" I mean the process of "examining how the researchers and intersubjective elements impact on and transform the research" (Finlay & Gough, 2003, p. 4). By engaging in reflexivity, I make my best attempt to be aware of my role in co-constructing knowledge through examining my influences on the research and also the research's influences on me. To that end, throughout my research conduct, especially during the periods of my data gathering and analysis, I made use of my research diary as a means for my reflexive practice. In my research diary, I maintained a record of my observations, involvements, feelings, thoughts, and new learning. As the title of this section suggests, by "embedding reflexivity within this research", I mean that my reflexive comments are embedded within my research narratives throughout this thesis, rather than included within only one section of the thesis. This is my attempt to reveal the conduct of my research to public examination, thereby promoting the transparency of my research, which is one of the main quality criteria of IPA research (Smith et al., 2009).

Despite my attempt to be aware of my own influences on the research, I acknowledge that there is a limit to my ability to do so. In doing this research there are always thoughts, assumptions, and actions that may have a significant influence on my research, but which are outwith my immediate awareness, thereby not being acknowledged in this thesis. In this respect, I agree with Grosz's (1995) statement that: "the author's intentions, emotions, psyche, and interiority are not only inaccessible to readers, they are likely to be inaccessible to the author herself" (p. 13). According to this, it seems to be more appropriate to consider my engagement with reflexivity as a process of self-exploration rather than as a process of accurate and complete self-disclosure.

3.9 Reflexive conclusion

In this chapter, I have presented the philosophical and methodological framework underlying my research practice. To reach this end, I had to immerse myself in several difficult philosophical books and engage with a number of challenging methodological decisions. In the process, I felt as if I were travelling in a completely foreign country, where I did not know

which direction to go at the beginning and where I often got lost in the middle of the journey. Arriving at this destination and looking back to the path I have walked along, I feel that I have made some new discoveries from this rocky journey.

Philosophical books are typically known as “hard to grasp”, and this was especially the case for me largely due to the fact that English is not my first language. The process of reading, thinking, understanding, and writing up philosophical concepts was daunting and challenging at first, but fascinating later on. This realm of philosophical knowledge really helped me to develop a fuller and deeper understanding of my chosen methodology, and to inform my research decisions by reminding me of what I was aiming to achieve. I felt that there was a significant shift in my learning and understanding of how to develop a solid foundation for the research through my writing of this chapter. Also, through my engagement with hermeneutics over time, I gradually came to see the clear connection between *the hermeneutic concept*, with its emphasis on the self in relation to culture, and *the key research finding* which revolves around the participants’ notion of their intertwinement between their culturally-embedded self and their experiences of Buddhist Counselling. It was this realisation that led me to adopt the hermeneutic concept as the theoretical framework for understanding the key finding of my research.

Although my research allies itself with the argument for indigenisation, the adoption of Western philosophical concepts for understanding the indigenous Eastern counselling practice is not incompatible. Moving beyond the terms “Western” and “Eastern”, I can see the shared concern between those two realms: both emphasise the importance of understanding “the individual-in-culture” (Ho, 1998, p. 94). The insight into this relevance had a major impact on the direction of my thesis: it shaped my understanding of how to rectify the omission of the cultural element of counsellors’ and clients’ experiences of therapy in the existing literature. However, this does not mean that I consider the role of philosophical hermeneutics as providing definitive explanations to this area, but rather as offering new possible ways of understanding counsellors’ and clients’ counselling experiences.

Chapter 4

Methodology in action

4.1 Introduction

In this chapter, I present how I carried out my research and discuss the theoretical and practical issues relating to my research implementation. In doing so, I aim to allow my work to be understood “not only in terms of what I have discovered, but also how I have discovered it” (Etherington, 2007, p. 601). Through providing a detailed discussion of this, I hope to illuminate my role in co-constructing the knowledge and to make my research conduct accessible and transparent to the reader.

As my research involves two groups of participants, I present the information and procedures relating to each group separately: in most parts the procedures involved with the counsellor participants will be presented first, and this will be followed by the client participants. Occasionally, when research implementations were similar for both groups, I discuss those shared implementations together. To make my meaning clear to the reader, I use either “counsellors” or “clients” to specify which group of participants I am talking about. When referring to both groups as a whole, I use the word “participants”.

4.2 Participant recruitment

In this section, I detail how the participants, both counsellors and clients, were recruited into the study. I also discuss some difficulties and ethical challenges that I encountered and the steps that I took to deal with those challenges during this process of accessing and recruiting participants.

I adopted different ways of gaining access to and recruiting each group of participants. Prior to the process of research consent and data gathering, recruiting the counsellor participants involved an initial dialogue with potential participants. Gaining access to the client participants was not as straightforward as it involved triangular discussions: a) dialogue with the gatekeepers; b) dialogue between the gatekeepers and potential participants; and c) dialogue with potential participants.

4.2.1 Counsellor recruitment

After receiving ethical approval from the University of Edinburgh Ethics Committee (Appendix 1), I purposively selected participants who were counsellors offering Buddhist Counselling. The criteria for counsellor selection are counsellors who a) hold at least a Master's Degree in counselling; b) have at least 2 years professional practice as a counsellor; and c) self-identification as a Buddhist counsellor. These criteria were developed to ensure that counsellors in my study were knowledgeable and experienced Buddhist Counsellors. I then enlisted and contacted five potential counsellors who best met the recruitment criteria above, and invited them to participate in either the interview or the focus group, or both. Being trained in Buddhist Counselling myself, I contacted these eligible participants through my personal and professional networks, via e-mail. The letter to counsellors (Appendix 2) and the information sheet for potential counsellor participants (Appendix 3), which were first written in English and then translated into Thai, were attached in e-mails. In these documents, I explained the purpose of the study, the criteria for participating, what participation would entail, the research ethics involved, and how to contact me if they needed more information or if they were interested in participating in the study.

A few days after this initial contact, four counsellors replied and agreed to take part in both interviews and the focus group. This quick response seemed to be a consequence of my previous relationship with the four counsellors, all of whom were fellow students on my Buddhist Counselling training course. I also adopted a snowball strategy by asking one of those counsellors who had already agreed to take part in my study if she knew another eligible Buddhist counsellor (Hennink, Hutter, & Bailey, 2011). She referred me to a potential participant whom I had not previously known and his contact number was passed to me. I then contacted this potential participant by telephone and informed him of the purpose of the study and the voluntary nature of the study, and asked if he would be willing to take part. He readily agreed to enter the study. After our initial contact by telephone, I sent him, as agreed, the documents via email to provide him with more detailed information about the research. He replied to my e-mail and confirmed his willingness to take part in both an interview and the focus group. Once recruited, dates, times and locations were mutually arranged for the focus group and interviews.

In the process of counsellor recruitment, using my personal and profession networks was useful in identifying and recruiting “information-rich” participants who could best address the research question (Hennink et al., 2011). This recruiting strategy was also effective in that it produced a quick response, and I think that this was largely the result of our established trusted relationship. This quick reply clearly had a positive impact on the planned timetable for the research project. However, recruiting research participants known to the researcher can potentially raise an ethical problem, namely coercion (Haverkamp, 2005). Due to our prior relationship, I anticipated that the counsellors could possibly feel obligated to take part in my study, or they may volunteer only because they would like to help out rather than truly wish to contribute to the research. With these concerns in mind, I took special care when recruiting the counsellors by making very clear the voluntary nature of the research. Also, in debriefing sessions, I explored the counsellors’ reasons for taking part in my research. The counsellors reported that they felt interested in the research topic, and wanted to contribute to the research as they saw it as being potentially useful to the profession. The following extract from one of the counsellor participants, Padee, captures much of this:

I’m interested in this study and I saw its potential value, and importantly this is the study that no one ever does, I think. In Thailand there is no study that looks ... really looks at this area [...] In Thailand, this study could answer something, generate knowledge, and expand the understandings about this to Thai society. I feel that Buddhist Counselling would be better known internationally, if the study were published. (Padee)

According to this, it is thus possible to say that the autonomy of the counsellors in making their decision to take part in my study was preserved.

4.2.2 Client recruitment

As it is difficult to find among the general population a group of clients who have received individual Buddhist Counselling, I used “gatekeepers”, namely Buddhist counsellors, to assist with my client recruitment. I began the process by sending counsellors three letters by e-mail: a) Letter to counsellor for client recruitment (Appendix 4); b) Letter to client (Appendix 5); and c) Information sheet for potential client participants (Appendix 6). I asked the counsellors for their assistance in passing the research information on to their eligible clients who: a) had received six or more individual Buddhist Counselling sessions; b) had completed their counselling no longer than 3 months previously. This was both to ensure that their

experiences of the counselling were still fresh in their minds, and to allow them a reasonable amount of time to reflect on or experience some changes following their counselling; c) were aged no less than 18 years old; and d) did not have serious mental problems such that participating in the interview could have a negative impact on their well-being.

Initially my plan had been to recruit clients who met the criteria described above. However, I found some difficulties in recruiting eligible clients. Although I received a reasonable number of contacts, none of them fitted all of my criteria; most of them had received only one Buddhist Counselling session; some of them were still in therapy, and some had not had face-to-face counselling. According to counsellors I had contact with, one possible reason for this difficulty was that most counsellors did not have contact details for most of their previous clients post-counselling. The cultural environment could be another possible reason: given that there is a possible public stigma associated with seeking psychological help in Thai society, seeking counselling is not very common among Thai people (Tuicomepee et al., 2012). In the context of counselling services in Thailand, there is also no fixed individual session length for individual counselling. Session length depends mainly on the clients' needs, with no further appointments made if not requested by a client. This can lead to clients receiving a limited number of counselling sessions.

After a few months had passed by without any potential client participants, I realised that the criteria to recruit clients who had received six or more counselling sessions was the most problematic one. I set this criterion according to Western models of counselling practice, where counsellors and clients typically meet for a number of sessions. Following the Western assumption in recruiting client participants, I felt safe as I believed that in so doing the conduct of my research would be considered as being appropriate and meeting agreed standards. However, in my attempt to conform to such a standard in the Thai context, I felt as if I were trying to put a piece of jigsaw into a place where it does not belong. There was a strong tension between the idea that I held onto and the reality that I actually faced. As a result of this tension, it gradually dawned on me that being rigid regarding the recruitment criteria was not appropriate and was less important than recruiting clients who could help to reflect on what was actually happening in Buddhist Counselling and who could help me to address the research questions. This made me realise that I needed to be more sensitive to the cultural context of participants. I thus decided to adjust the initial criteria. Eligible client participants to be recruited became clients who: a) had received individual Buddhist

Counselling; b) had completed their counselling no longer than 3 months ago; c) were aged no less than 18 years old; and d) had no serious mental problems such that participating in the interview could have a negative impact on their well-being.

I anticipated that recruiting clients through their counsellor could also lead to clients feeling obliged to participate, as there would be a possible power relationship between the client and counsellor (Thompson & Chambers, 2012). In order to ensure that the clients would be freely consenting, I discussed and made clear with the counsellors the procedures for inviting the clients. I asked the counsellors only to tell the clients about the purpose of the research and about the voluntary nature of research participation, and I supplied them with the letter to the client and with the client information sheet. The aim of doing this was to ensure that the counsellors would not know whether or not their clients were participating in the study. If any clients were interested in participating in the study, they could contact me directly by phone or e-mail. In this way, I hoped that the autonomy of clients to make the decision about participation in the study would be ensured. However, in practice, the process of recruiting clients did not go in the direction that I had planned. All the client participants wanted me to contact them, rather than vice versa, and they gave their counsellors permission to give me their phone numbers. In this way, to ensure that the clients would not feel compelled or obliged to participate, in our initial contact on the telephone, I informed all of them clearly that their participation in the study was entirely voluntary. Also, both before and after the interviews, I informed the client participants that although I had received their contact details from their counsellors, he or she would not know or would not be able to access any part of the interview data.

Regarding the reasons for taking part in the research, the clients felt that they had an experience that fitted the research topic, so they wanted to contribute to the study. Also, as they had received the research information from their trusted counsellors, this made them feel comfortable about taking part in the research. Consistent with the assertion of Hennink et al. (2011), I found that the role of the counsellors as gatekeepers in my study was critical, as they provided trusted access, and made gaining access to and recruiting clients possible.

4.2.3 Counsellor participants

Five Buddhist counsellors participated in this study: three females and two males, aged between 30 and 45 (mean 35.8). All participants were Asian/Thai and identified themselves

as Buddhists. They had been trained either at Master's or Doctoral level in Buddhist Counselling from the same institution, and all knew each other. All participants described themselves as Buddhist counsellors, and had practised Buddhist Counselling for an average of 8.4 years (range 2-10 years) in different settings: private practice, a university, and a medical clinic. All participants but one knew me personally. The participants' names have been altered to ensure anonymity.

To allow the reader to become more familiar with my counsellor participants, I provide descriptions of some of their background information at the time of interview and focus group, in the order in which I interviewed them. In doing so, I aim to capture their individuality and their feelings towards their work as Buddhist counsellors.

Manid

Manid started her training in Buddhist Counselling in 2003. Since then, she has continued practising this approach for 9 years, as a full-time private Buddhist counsellor. Prior to her training, Manid was trained as a clinical psychologist. She feels that knowledge and practice in clinical psychology did not actually help her to help herself when suffering. In contrast, she finds that practising Buddhist Counselling offers her the ability not only to help others but also importantly to help herself. She considers her counselling work as unknown and insecure, but satisfying and rewarding, and it is this positive experience that motivates her to maintain her practice as a Buddhist counsellor.

Denchai

As with Manid, Denchai has been practising Buddhist Counselling for 9 years. His experience of working with Tsunami survivors using Buddhist Counselling made him believe in the effectiveness and usefulness of the approach and it is this belief that encourages him to be deeply committed to working as a private practitioner. Remaining in the profession, despite recognising several challenges in doing so, Denchai hopes that such effort may make Buddhist Counselling better known among Thais.

Padee

Padee has been practising Buddhist Counselling for 10 years. Alongside her role as a Buddhist counsellor, she also works as a counselling trainer and educator at a Thai university. Padee considers her work meaningful; it helps her to understand Buddhist teachings better

and encourages her to develop herself in order to be able to do her counselling work effectively. She also believes that her work is useful to clients, and can effectively help most of her clients. It is these positive experiences that motivate Padee to commit to this counselling practice and to make the approach more widely known.

Noree

Noree who works as a private practitioner has been practising Buddhist Counselling for around 10 years. She worked in several organisations before finally committing herself to a full-time counselling practice. One important reason for this decision was that Noree felt that when she did not pursue her counselling work, she also stopped taking care of herself. Practising Buddhist Counselling, for her, is not only a job for earning a living: it is also a way of developing and sustaining her psychological well-being. Noree sees her work as helpful to herself, her clients, and society as a whole. It is such beliefs that keep her working in the profession despite her view of Buddhist Counselling as an insecure job.

Somsak

Somsak has long been interested in how Buddhist teachings and counselling can be integrated. He is a novice Buddhist counsellor who has worked as a Buddhist counsellor for 2 years in a medical setting. In contrast to the four counsellors described above, Somsak intentionally chose to train in Buddhist Counselling. Working in a medical clinic with psychologically unwell clients, Somsak feels that Buddhist Counselling proves its effectiveness. Due to this, he enjoys his role as a Buddhist counsellor and feels that his work makes a significant contribution to society.

Table 1. A summary of counsellor participants

Name	Age	Gender	Qualifications	Current practice	Years in practice
Manid	30	Female	MA in Counselling	Private practice	9
Denchai	31	Male	MA in Counselling	Private practice	9
Padee	35	Female	PhD in Counselling	Public sector	10
Noree	38	Female	MA in Counselling	Private practice	10
Somsak	45	Male	MA in Counselling	Private practice	2

4.2.4 Client participants

Three clients who received Buddhist Counselling took part in the study. All the client participants were Thai females, with an age range of 21-48 (mean 37.6). Two of them described themselves as Buddhist and one of them as Muslim. Two of the clients had no other previous counselling experience, and one had received counselling once with a different Buddhist counsellor. The clients received Buddhist Counselling in different settings; a university or a medical clinic. The duration of the counselling ranged from 1 session to 20 sessions. Each counselling session lasted from 60-120 minutes. Below, I provide some background information of each client, in the order in which they were interviewed.

Wandee

Wandee is a 44 years old Thai Muslim woman, living with her teenage son and daughter in a poor area of Bangkok. She left school after finishing her primary education and separated from her husband when her children were young. Since then she has held a number of unskilled jobs. Wandee's decision to see a counsellor began with her feeling that she had physical problems. She went to see her GP when she had sleeping problems, and was prescribed medicine. Later she felt that she might have heart disease and went to the GP again. As the GP found no problems with her heart, he suggested seeing a counsellor. Wandee came to the counselling with the feeling of being unable to stop worrying. She went to see her Buddhist counsellor once, and the session lasted around 2 hours.

Sirin

Sirin, a 21 year old undergraduate student, is studying Psychology at a university in Bangkok. She lives with her friends in a flat near her university. Her parents got divorced when she was young. After that, she lived in an extended family with her father, her grandmother, her two aunts and her cousin. Her decision to see a counsellor was supported by her boyfriend. She decided to go to counselling as she felt overwhelmed by her family problems. She had just found out a few months previously that one of her aunts had been sent to a prison. Her family had kept this from her, and she was very shocked by this unexpected situation. Sirin was also angry with her teenage cousin as she felt she was lazy and naughty, and didn't look after her grandmother, who was sick with cancer. No-one in her family knew how to handle her cousin. Sirin therefore came to see the counsellor with the

hope of finding a way to manage her family situation. She met the counsellor once and the session lasted around 2 hours.

Meena

Meena, a 48 years old single Thai woman, lives with her nephew in a northern province of Thailand. She works as a primary school teacher. Unlike Wandee and Sirin, Meena met her Buddhist counsellor for about 20 sessions (each session lasted around 1 hour) throughout a year at a clinic. A relationship problem led her to seek psychological help. She was diagnosed as having anxiety and depression. At this clinic, a psychiatrist and a counsellor work collaboratively. The psychiatrist prescribed her medicine, and the counsellor helped her psychologically. She is starting Buddhist chanting and meditating, following her counsellor's suggestion. Although Meena called herself a Buddhist, before seeing her Buddhist counsellor, she "did not pay any attention to Buddhist practices".

Table 2. A summary of client participants

Name	Age	Gender	Sessions	Types of services	Religion	Months after BC
Wandee	45	Female	1	Private counselling	Muslim	3
Sirin	22	Female	1	University Counselling	Buddhist	3
Meena	43	Female	20	Private counselling	Buddhist	1

In the process of data gathering both at the recruitment stage and in conducting the focus group and interviews, there were several ethical issues involved. As I have already addressed the ethical issues that emerged in the process of participant recruitment, in the following section, I will focus mainly on the ethics relating to my conduct of the focus group and interviews with the counsellor and client participants.

4.3 Ethical considerations

Before the research started, I discussed several potential ethical issues that could arise in my conduct of this research with my supervisors. Also, as part of the process of applying for ethical approval, I wrote a detailed paper with my particular ethical concerns and the potential means by which they could be addressed. This was to develop what Bond (2000)

calls “ethical mindfulness”. Apart from the aim of respecting and protecting the dignity, rights, and welfare of the participants, conducting research with ethical care can also help to create a trustworthy relationship between the participants and researcher, leading to a more honest and authentically informative disclosure from those participants (Haverkamp, 2005; McLeod, 2003). In other words, careful attention to provide emotional safety for the research participants is not only ethical, but also contributes to the quality of the received data. In the following, I identify a range of relevant ethical issues involved in my practice of interviews and focus group and discuss how these issues were addressed in my research. By offering justifications of what I did and why, I hope to make my ethical decision-making process transparent to the reader.

4.3.1 Informed consent

According to the British Psychology Society (BPS; 2010), “researchers should ensure that every person from whom data are gathered for the purposes of research consents freely to the process on the basis of adequate information” (p. 15). I took very careful steps to ensure the participants’ rights and autonomy.

As my study involved conducting a focus group followed by an individual interview with five counsellors, and two interviews with three clients, my informed consent comprised different documents: one for the focus group with counsellors (Appendix 10), one for the interviews with the counsellors (Appendix 11), and one for the interviews with the clients (Appendix 12). The reason for this was that each group of participants and each data gathering method involved some specific ethical issues that needed to be addressed differently.

Before each interview/focus group, I informed the participants orally again about the purpose of the research, about what their participation would entail, and about what would happen to the data that was generated. I also offered them an opportunity to read an information sheet detailing the research information. If they confirmed their willingness to take part in my research, the consenting participants and I signed and dated two copies of the informed consent forms; I kept one copy and the other copy was given to the participant. Both before the start and the end of each interview/focus group I left enough time for my participants to ask any questions.

After each interview/focus group, I reminded the participants about what would happen to the data that they had given and I then gave them the second consent form (Appendix 13). This asked them: a) for permission to use direct quotes from the transcripts; b) whether or not they would like a copy of their transcript; and c) whether or not they would like a summary of the research findings. One reason for asking for this consent after, rather than before, the interview/focus group was that including all of this information on the first consent form may have been confusing. Another reason was that participants were likely to have had only a vague idea of what they were going to say before they said it. After the interview or focus group was over, they would be in a better position to give proper informed consent about their data being used for the research (Thompson & Chambers, 2012). This ongoing consent was my attempt to offer freedom of choice and more protection to the participants.

Despite the participants' previous agreement to take part in the research, at the end of the focus group with the counsellors, and at the end of the first interview with the clients, I asked them again if they wished to take part in the next interview. My aim was to offer them an opportunity to reaffirm (or not) their willingness to carry on with the research.

4.3.2 Confidentiality and anonymity

"Participants in psychological research have a right to expect that information they provide will be treated confidentially and, if published, will not be identifiable as theirs" (BPS, 2010, p. 22). I made every effort to ensure that the identities of the participants were appropriately anonymised and the data received were kept safely. I stored all the data safely in my own locked cabinet. The recordings were transcribed in Microsoft Word and password protected. All recordings and documents that contained the participants' personal data and actual names were accessible only by myself. Only anonymous transcripts were consulted and shared with my supervisors. I assigned my participants pseudonyms, and I used these pseudonyms both in transcripts and in the thesis. I also sent anonymous transcripts to the participants who wished to have feedback on whether their anonymity had been sufficiently respected. Specifically, I asked them two questions: Are you happy with the transcripts in terms of the content, and in terms of your anonymity? No participant requested any amendment.

I also took extra care with the focus group because I anticipated that taking part in a focus group might involve some loss of privacy, with participants sharing their personal views

and experiences not only with the researcher but with each other (Haverkamp, 2005). Some participants might be uncertain about disclosing and sharing their honest experience and opinions if they were worried about the confidentiality of their responses (Smith, 1995). If this were the case, the quality of the information received would undoubtedly be affected. To minimise this potential problem, I informed the counsellors both in written and oral form that the focus group discussion was confidential, and encouraged them not to tell anyone outside the group what any particular individual said in the group. In the consent form for the focus group, I also included a statement about maintaining the confidentiality of the focus group. I agree with King and Horrocks (2010) that such statement “cannot be enforced, but they do psychologically commit participants to honour and respect confidentiality” (p. 76).

4.3.3 Managing risk and emotional distress

“Risk can be defined as the potential physical or psychological harm, discomfort or stress to human participants that a research project may generate...researchers should endeavour to identify and assess all possible risks and develop protocols for risk management as an integral part of the design project” (BPS, 2010, p. 13).

In my research, as the participants were asked to talk about their personal experiences of Buddhist Counselling in detail, they might have been concerned about the possible risks of sharing their detailed accounts and this might have inhibited them from talking in an open way. If this were so, the depth and authenticity of the information they shared would have been compromised. To minimise this possibility, I clearly informed my participants, both orally and in written form, about the confidentiality and anonymity of their identity throughout each stage of the data gathering process. For example, I anticipated that the counsellors might worry about the risk of exposing themselves and their practice and fear judgment or criticism. They might also feel uncertain about discussing details of their work with clients, as they might worry about breaching confidentiality. To deal with this issue, at the beginning of each focus group and interview, I informed the counsellors as follows:

I am not going to judge your practice. I am hoping to generate rich stories about Buddhist Counselling and this involves talking about successes and failures. All of this is useful data, and I hope to create an environment in which you can be as open with me as possible about your practice without fear of judgment or criticism.

I also informed the counsellors that any stories which they told about a particular client would be completely anonymised, and that they would not be traceable back to them.

Another possible risk for the participants would have been of becoming distressed while recalling particular individual experiences (West & Byrne, 2009). I anticipated this to be especially the case for a group of clients whose participation in the research would involve talking about their distressing stories that brought them to counselling. To maintain the clients' emotional safety, I ensured that they were aware of their right not to offer any particular information that they felt uncomfortable discussing. As anticipated, two of the clients became distressed while referring to the reasons that had brought them to counselling. I felt that skills gained from having been trained as a counsellor seemed to enable me to maintain rapport and to stay sensitively with an emotionally charged topic. I listened to the participants empathically and responded to them in a supportive manner, and asked if they were okay to continue. All of them agreed to proceed. However, that did not mean that I took the role of counsellor when the participants became distressed. I tried to remain in the role of researcher rather than of counsellor, even though this was challenging. Following Hart and Crawford-wright's (1999) suggestion, while I responded to the participants empathetically, I had to remain focused on the research task without turning the data gathering session into a counselling session.

At the end of the focus group/ interviews, I provided a debriefing session (the issue will be elaborated later in this section) for my participants to assess the emotional impact of their participation in my research. The two clients reported positive aspects of their tearful moments: they felt that the interviews had given them an opportunity to unburden themselves. I also informed them that they would be able to contact me if their distress increased following their research participation. In the unlikely event that a participant had become overly distressed, I would have provided information on appropriate counselling services available to them (Thompson & Chambers, 2012).

4.3.4 Payment of participants

To recognize their time given to my study, I offered the counsellors reimbursement for the cost of transportation, and I offered the clients payment for their participation in my research.

Before making the decision to use reimbursements and payments in my research, I consulted a range of ethical papers (e.g., Head, 2009; Grant & Sugarman, 2004; Sullivan & Cain, 2004). Several researchers have argued in favour of payments to participants. For example, Grant and Sugarman (2004) argue that using incentives is basically a courteous thing to do: “if the research meets the usual ethical criteria for human subjects research, the introduction of incentives will generally be benign” (p. 732). The main ethical concern about offering payments to participants is that this might compromise the key ethical principle of voluntary informed consent. As freedom from coercion and undue influence is a key element of informed consent, the major concern with offering payment is that people might participate only in response to the incentive offered (Ackerman, 1989; Beckford & Broome, 2007). Payment, in other words, may tempt people to take part in a research against their better judgment.

The BPS (2010), despite supporting the principle of voluntary informed consent, makes mention of payments to research participants as *acceptable*: “It is acceptable, and in many case proper, for reasonable recompense for attendance, travel, other incurred costs and the time and inconvenience of participation to be offered” (p. 20-21). Nevertheless, researchers should “refrain from using financial compensation or other inducements for research participants to risk harm beyond that which they face in their normal lifestyles” (BPS, 2009, p. 19).

As my research did not involve any greater risk of harm to the participants than they would face in their normal lives, and as there was no dependent relationship between the researcher and the participants, my view was that making payments to the participants was ethically appropriate. For my research, as I valued the participants’ time and effort given to the study, I wanted to give them something for their help and expertise. I believed that my participants, who had to find the time and who had to spend some of their money to travel for the interview/focus group, should be fairly compensated.

When considering what constitutes “fairly compensated”, I gave careful thought to each group of participants. My research aimed to understand Buddhist Counselling from those involved. The findings of my study would potentially offer a better understanding of Buddhist Counselling and its effects, and might lead to some improvements in the practice. As I was doing this research for the profession, there would be potential benefits of participating in this study for the counsellors. In the focus group, I hoped that the counsellors might learn

about their practice from each other. From this perspective, the counsellors might gain benefits from participating in the research (from the process of the research itself or/and the results of the research). As the counsellors were required to travel to take part in the focus group, they were fully reimbursed in cash for the travel expenses incurred. However, there was no payment offered to the counsellors in the interview as I went to see them either at home, or at their workplace.

The clients, on the other hand, might not benefit directly from participating in my research. They would also have to find time and might have to spend some of their money to travel to participate in the research. To express my gratitude for their time and effort, I offered them a token amount of 400 Bath (approx. 8 GBP) for each interview. The main reason for this was that, based on the value of Thai currency, this amount of money was enough to show respect for a client's time, but was not so large as to induce the client into participating.

To ensure that such reimbursement/ payment would not interfere with the principle of freely informed consent, I clearly informed them, both verbally and in a written form, that they were free not to answer any question and to withdraw from the study without financial penalty. I reimbursed/paid the participants at the end of the interview/focus group, with the clear message that this reimbursement/payment was for the cost of transportation (for the counsellor), or for recognition of the time given to the study (for the client), and not for what they had said in the research.

4.3.5 Debriefing

According to BPS (2009), researchers should "debrief research participants at the conclusion of their participation, in order to inform them of the outcomes and nature of the research, to identify any unforeseen harm, discomfort, or misconceptions, and in order to arrange for assistance as needed" (p. 20).

On completion of the focus group/ interviews, I provided a debriefing session to assess the emotional impact of participation, and to ask the participants about their feelings and experience of having been in the focus group/ interview. My aim of this session was for the participants to discuss and reflect on the research process and/or ask any questions that they may have had, and for me to be aware of how the participants felt before they left the study. I also provided them with a debriefing form (Appendices 14, 15, 16), containing a brief

description of the research purpose, their involvement in the research, and my contact details that they could use to contact me if they had any questions or concerns at a later date.

4.4 Data gathering

I begin this section by providing an overview of how I addressed questions in my conduct of the research. I then offer brief descriptions of the following: the focus group and interviews with the counsellors, and interviews with the clients.

4.4.1 The focus group and interviews

Following Smith et al's (2009) suggestion, although I developed the focus group and interview schedules for both groups of participants (Appendices 7, 8, 9) and they contained step-by-step directions for starting and ending the focus group and interviews, I did not use them as a prescription. Rather, I developed them to prepare myself for how to proceed with the focus group and interviews and to ensure that the main areas of my research focus were covered. I found that having thought about these helped me to listen more attentively to what my participants were actually saying.

Conducting the focus group and interviews, I asked my participants to talk freely about their own experiences of Buddhist Counselling, as there were no right or wrong answers. The main questions were open-ended and I used them to invite and encourage my participants to talk freely about the subject in question. Apart from the first question, I did not strictly follow the schedules. Instead, I followed the lead of the participants and asked questions which were not in the schedules, but followed what the participants had disclosed. I only asked scheduled questions when they seemed most necessary and appropriate to guide the group discussion and interview towards the main research focus and to help the flow of the conversation.

In my attempt to conduct quality interview practice, I found Roulston's (2010) suggestion of ways to addressing research questions useful. Adopting her suggestion, in each meeting with my participants, I attempted not to allow my own knowledge and assumptions to have an impact on what the participants were going to say. This does not mean that I intended to become objective, rather I aimed to consciously diminish any potential

influences on my part that might impose on the participants' accounts. In doing so, I hoped to encourage the depth and authenticity of the information they shared. For example, I avoided asking any leading questions. When the participants said something, and they could not find the words to finish a sentence, I did not jump in to fill up their sentences as I often do in my daily conversations, but waited for them to complete their sentences in their own words. I also employed various responses to facilitate the participants' exploration and expression. At times I summarized what the participants said (e.g., "you told me that... is that accurate?, you mean that...?"); I asked for concrete information (e.g., "can you give me an example?"); and I asked for further clarification (e.g., "what did you mean when you said *the fact of life*?") to check the participants' meaning and their use of terms. I also used prompting questions (e.g., "could you explain that a bit more?") in response to any interesting issues that emerged at the time to elicit further exploration.

As I hoped to gain as authentic and detailed accounts from the participants' own perspective as possible, I took special care when conducting the focus group and interviews with the counsellors. As I personally knew most of the counsellor participants prior to this research, I had a dual relationship with them. I anticipated that these pre-existing relationships would have both advantages and disadvantages. On the one hand, I anticipated that they might have a positive impact in terms of helping to create trusting relationships. In fact, I found this was the case, as they all seemed comfortable talking openly with me. On the other hand, my anticipated disadvantage was that, as we had all been trained in Buddhist Counselling, the counsellors might have assumed that I had prior knowledge of Buddhist Counselling practice and theory, and so may not clearly or fully explain their own experiences of Buddhist Counselling. To deal with this issue, I informed the counsellors clearly at the beginning of the focus group and interviews about my role as a researcher interested in understanding their own experiences from their points of view, and asked them to tell their own stories in as much detail as possible.

Having my own understanding of Buddhist Counselling, I was also aware that I might have felt that I understood what the counsellors meant without having to explore issues deeply. In this matter, I concur with Finlay (2007) when she suggests engaging with the phenomenon of interest through a continual and critical reflexivity: "the researcher should shift back and forth, focusing on personal assumptions and then returning to looking at participants' experiences in a fresh way" (p. 13). So, rather than presuming that I knew and

understood the Buddhist Counselling terms and concepts which the counsellors talked about, I made an attempt to be vigilant regarding my previous knowledge about Buddhist Counselling and took a naive position towards the Buddhist Counselling language used by the counsellors. Adopting this position led me to ask the counsellors to clarify what they meant when talking about some Buddhist Counselling terms or concepts. For example, I asked “You mentioned *tuning in*, can you tell me what you mean by that term?” I found that this type of question encouraged clarification of the counsellors’ meanings and understandings, and therefore obviated the potential reliance on assumed shared understandings.

Conducting both focus group and interviews, in agreement with a range of literature (e.g., King & Horrocks, 2010; Roulston, 2010; Smith et al., 2009), I found that attentive and deep listening was essential. It helped me to be receptive to what the participants were saying. Listening attentively to the participants also aided the flow of the conversation and helped me to be aware of my interaction with my participants. For the participants, being listened to in this way seemed to give them a sense of value, may have helped to establish trust and rapport, and may also have promoted more disclosure and a deeper exploration (Roulston, 2010).

4.4.2 Description of focus group with counsellor participants

I conducted the focus group with five counsellors in a private room in a university setting. The sessions were digitally recorded and lasted 2.36 hours. My main role in the focus group was to make the participants feel at ease, to open and facilitate discussion with minimal input, and to make sure that all the counsellors had as equal as possible a chance to talk. My main focus for the group discussion was their shared or divergent understanding of the processes and outcomes of Buddhist Counselling.

4.4.3 Description of interviews with counsellor participants

All five counsellors who attended the focus group also took part in individual interviews. I arranged to meet with the counsellors at a time and place convenient to each of them. The interviews took place either at the counsellors’ homes or at their workplaces. Each interview was digitally recorded and lasted from 1.45 hours to 2.30 hours. The focus of the interview was the counsellor’s personal experience of and feelings about practising Buddhist Counselling.

4.4.4 Description of interviews with client participants

I conducted the interviews with three clients at their homes; I interviewed the participants twice over a period of two weeks. Each interview was digitally recorded and lasted from 1.10 hours to 1.30 hours. My main focus of the interviews was the clients' experiences of Buddhist Counselling and how it had affected them. Underlying my use of two interviews with each client is the idea that this would allow the clients to feel more comfortable about sharing their counselling experience. Although I conducted the first interviews following an interview schedule for clients (Appendix 9), I used it with each client to a greater or lesser degree, depending on how many prompt questions were needed in order to cover the focus area of the research.

Planning the second interview, I consulted extensively on Flowers's (2008) paper as it specifically provides perspectives of how to conduct an IPA follow-up interview. After the first interview, I transcribed the data and sent it out to each participant a week before the second interview, and asked each of them to read through it in order to see what they would like to revise, and to add more in the next meeting. The second interview served as a follow-up, aiming for deeper access to the participants' accounts and for further insight. The interview questions for the second interviews were individually tailored based on what each participant shared with me at the first interview.

4.5 Translation as interpretation

The task of translator must never be to copy what is said, but to place himself in the direction of what is said (i.e., in its meaning) in order to carry over what is to be said into the direction of his own saying. (Gadamer, 1976, p. 68)

Conducting the focus group and interviews in Thai and presenting those data in English poses additional challenges to my thesis. It is only through the act of translation that I can make the participants' meanings understood by the other speaker. In line with Gadamer's statement above, the aim of my translation is not to *copy* what the participants said, but to make sense of the meaning of the original text and then bring that into a new language that captures that meaning as accurately as possible. This means, as Gadamer (1975/2013) suggests, that I need to find "a language that is not only his (mine) but is also proportionate to the original" (p. 405).

To minimise the meaning lost in translation, adopting Willig's (2012) suggestion, I analysed the data from the original Thai transcripts. This was to ensure that the themes that emerged from my analysis were based directly on the original data transcripts. It was only when I was sufficiently immersed in the meanings of the data and when I started writing up that I began to translate some selected extracts into English. When it came to the work of translation, I faced a number of unbridgeable differences between Thai and English. In the following, I draw on some extracts from one of my participants, Wandee, to provide some examples of the typical challenges I experienced and difficult decisions I had to make in the process of translation.

One of the main challenges I found in the process of translation was the differences of grammatical forms between Thai and English. In Thai, tenses are not used as in English. Verbs in Thai do not change for tenses, as in English. To express time, we add modifying words (particles) to sentences. Even when they are not added, we can work out the time from the context. For example:

เมื่อก่อนรู้สึกเหนื่อย [Thai transcription]

Before I feel tired. [word by word English translation]

Before I felt tired. [my translated data]

The Thai verb รู้สึก *means feel*. The Thai word เมื่อก่อน *means before* in English and in this context implies the past. In this sentence, the client was describing her feelings in the past before meeting a counsellor. To make the translated text sensible and readable in English, *feel* must be changed to *felt*. I found that this grammatical difference made my translating process more complex, though generally, it was quite straightforward and not too difficult to decide the meaning the clients expressed as the contexts were clear. However, there were many occasions when the meaning that participants conveyed in Thai could not be directly translated into English. For example:

แต่ก่อนเราคิดไม่ได้แบบนี้ ถ้าเราไม่พบ เราคิดไม่ได้แบบนี้ [Thai transcription]

Before I can't think like this, if I don't see [counsellor] I can't think like this. [word by word translation]

Before I couldn't think like this, if I hadn't seen the counsellor, I couldn't have thought like this. [my translated data]

Here, to make the meaning accurately understood in English I had to add tenses that I thought were the most appropriate ones for this particular meaning and in that specific context. In addition, words that would be considered essential in an English sentence are frequently omitted in Thai. Both the subject and the object of a sentence are likely to be omitted if they can be worked out from the context, and possessive pronouns are usually only included in a Thai sentence if their omission would cause confusion. From my transcription, on many occasions, the participant didn't mention specifically the subject, object and possessive pronouns. For example:

เมื่อก่อนพ่อเป็นโรคประสาท เคยพาไปโรงพยาบาลแบบคนบ้า [Thai transcription]

Before dad is neurotic, used to take to hospital for psychotic people. [word by word English translation]

My dad was neurotic, I took him to a hospital for psychotic people. [my translated data]

From the example above I added *my*, *I* and *him* into the translated texts to make the sentence structure right and meaning clear in English. Vocabulary was another challenge in conveying as accurately as possible the meaning of the original text. Although the aim of my translation is to keep lexical equivalence, using exact equivalents was not always comprehensible for English readers. For example:

เราก็จะเอาคำพูดของเค้าเข้ามาในสมองเรา [Thai transcription]

I will bring her word into my brain. [word for word translation]

I brought her words to my mind. [my translated data]

Here, Wandee was talking about how, when she got stressed, she remembered the counsellor's words, and then began to feel some relief. The Thai word *สมอง* literally means *brain* in English, but if I had translated by using the exact equivalent term, this sentence may not be clearly comprehensible in English. Here, I was faced with an important dilemma. On the one hand, I desired to convey the client's account as closely as possible, and to do this, I had to include some of the *foreignness* of the original text into the translated text. The danger here is making the text less comprehensible and readable for target audiences. On the other hand, I also wanted to make my translated data fluent and easily accessible for the target reader, and this might mean reducing the *foreignness* of the original. I found myself in agreement with Gadamer (1975/2013) that the best possible solution "can never be more

than a compromise” (p. 404). Importantly, I concur with Gadamer (2004) that “the meaning must be preserved, but since it must be understood within a new language world, it must establish its validity within it in a new way” (p. 402). Adopting his idea, where necessary I use *contextual equivalence*, instead of *lexical equivalence*. In the above case, the word *mind* thus was used instead of *brain*.

In order to be faithful to the meaning of the original text, I also tried to capture the participants’ speaking style. For instance, as Wandee’s speaking style was quite informal, I tried to translate her accounts into an informal spoken English style in order to convey her real tone as closely as possible. To ensure the readability of the translated data, I also consulted about my translated extracts with a monolingual native English speaker. This involved discussions in English about the meaning of words and grammar structures from the original text and negotiations about suitable English words, meanings, styles and tenses.

To conclude, I found that moving between two languages which have cultural and linguistic differences was very time-consuming. Gadamer’s (1975/2013) statement that “translating is like an especially laborious process of understanding” (p. 404) exactly resonates with my experience of translation. I also realised that my movement between the two languages was inevitably interpretative. This means that in the process of translation, I needed to deal with what Gadamer calls “a re-creation of the text” (p. 404), or what Willig (2012) similarly terms as “a restructuring of reality in line with the language used” (p. 73). In this process of re-creating the meaning, my interpretations of what is said, my choices of vocabulary, tenses, and tones clearly played a significant role. Consistent with Gadamer’s notion of “every translator is an interpreter” (p. 405), I found that there was no clear separating line between the acts of translation and interpretation: both occurred simultaneously. Through this process, while the overall meaning of the original text was retained, some meanings were both inescapably added and lost. In this sense, no matter how faithful I tried to be, I could never completely bridge the gap between the two languages.

In this research, I can only make the voice of my participants heard through my translated texts, and this makes it impossible for the reader to gain direct access to the participants’ original accounts. Such inevitable loss due to translation may be partially compensated for by providing original Thai words used by participants. As such, at various points where necessary in Chapters 5 and 6, alongside my choice of equivalent English words,

I give the original Thai words used by the participants. Also, if there are subtle differences contained in the Thai words which my participants used and the English words which I chose, I provide further explanation of their original meanings.

Given that IPA privileges the attention to the participants' choice of words and phrases, re-creating the data through translation may be seen as problematic. However, I argue that the work of translation in my research is indeed consistent with the interpretative endeavour of IPA: it involved a very close reading of the data in order to capture the subtle expressions, tones and meanings of the original texts. Throughout this process, I found myself consistently asking "what does it mean for this participant to say this particular thing in this particular context?" More precisely, for me translating is actually a sense-making process itself: it made me think more deeply about the language used by the participants. In this way, the act of translation can be seen as a process of enhancing my critical awareness of the role of language in constructing the meaning. Such awareness enabled me to gain further insight into the meaning attached to the data, thereby improving the richness of my analysis itself. Accordingly, I argue that the work of translation as part of this research is actually not a limitation, rather it is a characteristic inherent in the process of making sense of the participants' experiences of Buddhist Counselling and giving voice to those experiences.

4.6 Data analysis

In this section, I describe how I conducted my analysis of the transcribed data received from both the counsellors and clients. I analysed transcripts of the focus group and interviews for recurrent themes using interpretative phenomenological analysis (IPA; Smith et al., 2009).

4.6.1 Analysis of the transcripts from the counsellor participants

Below, I describe the process of analysing the transcribed individual interviews and focus group data received from five counsellors in the following order: a) analysis of the interview transcripts; b) analysis of the focus group transcripts; and c) combined analysis of individual interviews and focus group data.

4.6.1(a) Analysis of the interview transcripts

Conducting an analysis of the transcribed interviews, I follow IPA recommendations (Smith et al., 2009). I follow IPA's idiographic commitment by looking in detail at one interview

transcript, before moving to the other interviews. The stages of analysis I adopted and applied to each individual transcript were as follows:

Data transcription

I began my data analysis by transcribing the data recordings verbatim in Thai. I listened to each of data recordings twice. The first listening was to transcribe the recordings verbatim, and the second was to refine the transcripts in order to ensure that I had accurately transcribed all the information. I also found that listening to the recordings twice helped to enhance my familiarity with the participants' original message while reading the transcript and this helped my subsequent analysis to stay grounded in the participant's accounts.

For the purpose of confidentiality, I burned the recording files onto compact discs and stored them safely in a locked cabinet. I also gave pseudonyms to each participant to protect their anonymity. The transcript notations that will appear in the translated extracts are following:

- . - pause
- ... - long pause
- [?] - inaudible words
- [text] - clarification information added by the researcher
- [...] - omitted material

Making initial notes

Having had the transcripts printed, I began my analysis. Firstly, I read each transcript a number of times in order to become as familiar as possible with them and to gain a holistic understanding of what the participant said. In the left-hand margin, I made notes on keywords and phrases that I found significant and interesting.

At times I made a further exploration and interpretation of the participant's account. This was particularly the case where I found the particular account of the participants interesting and sometimes where parts of the participants' accounts were not immediately clear. In order to make sense of the meanings for the participants, the engagement of my own perceptions and understandings played a part in this process. This involved questioning

and commenting on what I thought it may have meant for the participant, based on what the participant said in this particular context. In line with Smith et al's (2009) recommendation, this is not my attempt to define a definite answer, but rather to think of a range of possible meanings. I found that these interrogative comments helped me to gain a deeper understanding of the participant's accounts and this appeared to add more depth to the analysis.

As noted earlier, I analysed the data from the original Thai transcripts, but to allow my analytic process to be accessible for the reader, in Table 3 I illustrate the process of my analysis through a translated chunk of my notes on Denchai's transcription:

Table 3. Making initial notes and developing emergent themes

Initial Notes	Translated transcription	Emergent themes
Compared with others – chose to pursue counselling as a career while others not, suggesting counselling practice is not a popular choice of career?	<i>I: Can you tell me how you became a Buddhist counsellor?</i>	Counselling as uncommon work
Repetition of “directly”, emphasizing the meaning. For him, it's not very common for many to do counselling work	D: Well ... while I was finishing my Master's degree in counselling, I thought about what I would do after graduation. Many of us who got this degree are working either in organisations or in academia, they seem to use what they studied in their work contexts, but they don't provide a counselling service directly. But I felt that what I've practised can be used to help people directly, as I know there is a need out there, but those who are in need don't know where to go.	Counselling as necessary
Valued the practice. For him, counselling is needed, but unknown	When Thais talk about mental health, they normally think of a psychiatrist. They rarely know what a psychologist is, and especially what a counsellor does ... most of them ask who they are. So, I felt that if I didn't start, when would this profession have a space in this society? I then chose to work as a counsellor.	Counselling as unknown
“Speak of mental health” and “think of a psychiatrist” – what does he say for the perception of Thais towards mental health? – Is the perception of stigma? – having mental health problems means abnormal, crazy, neurotic, psychotic?, or/and does he imply counselling is unknown profession? – Psychiatry is more well-known?	<i>I: Why did you choose to practice Buddhist Counselling?</i>	Counselling as unknown
Counselling is under-recognised profession.	D: As part of my Master's degree, I studied some other approaches as well, but during my internship, I saw that my outlook on suffering and on the nature of the human mind was based on Buddhist ideas. Buddhist ideas often figure in the conversations I have with people, my parents have also talked about these since I was young. Going to a temple,	The culturally-embedded self
Although he studied other counselling approaches, he still found himself seeing things based on Buddhist ideas. This strongly suggests the “culturally embedded self”.		The culturally-embedded self
Life is surrounded by Buddhist ideas, suggesting the profound impact of living in a Buddhist country. Again! He felt it is impossible to escape from the		The culturally-embedded self

<p>impact of Buddhist ideas due to his situatedness in Thailand</p> <p>“Buddhist worldview is inside”. Again! he clearly pointed to the intertwinement between himself and culture</p> <p>Bringing Buddhist worldview into counselling work – so he “can use myself fully”. It seems that through bringing his culturally-embedded self directly to the counselling practice, he felt his authenticity is enhanced</p> <p>Buddhist worldview as an integral part of life and work (if both are incongruent, the counsellor’s self won’t be used ‘wholeheartedly/fully’)</p> <p>The integration of his Buddhist view and counselling.</p> <p>Repetition of “use myself fully” implies its importance</p>	<p>though I didn’t pay attention to what the monks said, I still heard something. I see that my outlook on the problems and the nature of the human mind is based on Buddhist ideas ... What I mean is that Buddhist worldview is inside me and I always carry this part with me. And when I studied and now that I practise, my Buddhist worldview isn’t separate from my counselling work, and I can use myself fully. This would be different if I had a Buddhist outlook but with clients I had to ... had to use other approaches, but in my mind still relied on my Buddhist ideas. If this were the case, it would mean that I wouldn’t be using myself wholeheartedly or fully. As I’m a Thai and grew up in a Buddhist context, and then when I studied er there is Buddhist Counselling as well, when applying Buddhist Counselling I can apply my Buddhist outlook on life to my counselling work, and doing this I can use myself to work fully, so I chose to practise this approach.</p>	<p>The culturally-embedded self</p> <p>Buddhist Counselling as cultural congruence</p> <p>Buddhist Counselling as cultural congruence</p>
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Developing emergent themes

In the second stage of my analysis, as can be seen in Table 3, I identified emergent themes by turning the initial notes in the left-hand margin into more concise phrases or themes in the right-hand margin that capture the essential meanings of what I found in the transcripts. By this stage, I was very familiar with the original text from working on transcribing and on initial noting, so with this understanding I was able to focus on transforming the initial notes, rather than relying on the original transcript itself. However, after transforming each part of the text, I checked my identified themes against the original data again. This was to ensure that the connection between my participant’s original account and my interpretative work was maintained. I continued this process throughout the whole transcript, and to capture the recurring themes more precisely I gave the same *theme* title to each conceptually similar theme which emerged. For example, I transformed a variety of notes throughout the transcript into “Buddhist Counselling as cultural congruence”, a theme which emerged when Denchai reflected on the reason why he chose to work as a Buddhist counsellor.

Making connections between emergent themes

In the third stage of analysis, I listed all the emergent themes on a separate piece of paper and looking for patterns and connections between those themes. I listed all the themes chronologically and printed out this typed list of themes. The initial list of emergent themes from the right-hand margin above is shown below:

Box 1. Preliminary list of emergent themes

Counselling as uncommon work
Counselling as necessary
Counselling as unknown
Counselling as unknown
The culturally-embedded self
The culturally-embedded self
The culturally-embedded self
Buddhist Counselling as cultural congruence
Buddhist Counselling as cultural congruence

From the list of the emergent themes, as illustrated in Box 2, I clustered together the themes that had conceptual similarity. I placed some emergent themes as superordinate themes, as they brought other related themes together. For example, “Buddhist Counselling as cultural congruence” becomes a superordinate theme and it pulls other related themes together over the course of my analysis. I clustered some parallel themes together and gave a descriptive label that captured the conceptual meaning of each cluster. In Box 1, there are a series of emergent themes around the counsellor’s experience of difficulties of working as a Buddhist counsellor in Thailand: “counselling as uncommon work”, and “counselling as unknown”. I grouped these parallel themes together under the superordinate theme “The experience of difficulties”.

However, I did not include every emergent theme; some repetitive themes were reduced, and some were dropped as they did not fit in very well with the emerging cluster, or because it became clear to me that they were not very representative. While my emphasis of this selection process was on themes emerging from the participant’s accounts, my interpretations are inevitably involved. However, to ensure that those emerging themes were well represented in the transcripts, I tracked the clustering of themes back to the transcripts.

Box 2. Clustering of emergent themes

Buddhist Counselling as cultural congruence

- *The culturally-embedded self*

The experience of difficulties

- *Counselling as uncommon work*
- *Counselling as unknown*

Producing a table of themes

Having finished clustering the themes, I produced a table of themes that presents the superordinate themes and sub-themes, as illustrated in Box 3. Alongside each theme, I included brief extracts from the participant, and page numbers of the transcript. This was for me to return to the original extracts in the transcript later and also to ensure that those themes were grounded in the transcript. This final table of themes, as Eatough and Smith (2006) assert, is the result of an iterative process of analysis in which, as the analysis progressed, the connection between emerging themes and the original transcripts was checked repeatedly to ensure the integrity of the analysis.

Box 3. Table of themes

Buddhist Counselling as cultural congruence

- The culturally-embedded self
 - "I saw that my outlook on suffering [...] was based on Buddhist ideas" (p.1)*
 - "The Buddhist worldview is inside me" (p. 1)*
 - "My Buddhist worldview isn't separate from my counselling work" (p.1)*

The experience of difficulties

- Counselling as uncommon work
 - "Many of us who got this degree..." (p.1)*
- Counselling as unknown
 - "Most of them ask who are they?" (p.1)*

Continuing the analysis with other participants

After completing a table of themes for the first transcription, I repeated the process of analysis with the remaining four transcripts. As I worked through the other transcripts, the phrases and the themes that were identified in previous transcripts had an influence on the focus of my subsequent analysis. At the same time I was also open to, and identified, new or different emergent themes.

Looking for connections across cases

Once I had completed each table of themes from the five counsellors, I made connections across cases. This process involved looking at each of the five tables of themes together and then making the connection between them. Recurring themes across cases that I felt captured the most powerful and interesting aspects of the participants' experiential accounts were identified. Several emergent themes appeared within the individual transcript, and when I found the same themes in more than half of the total number of cases (i.e., three cases), I identified them as recurring, and incorporated them into the provisional final master table of analysis. In this process, I aimed to maintain individuality and at the same time promote commonality. Later, I rechecked those identified themes against the data to examine the richness of the texts that capture each theme, and also to see how well each theme illuminates other aspects of the account. This means that my selection of themes included in the master table of themes (Box 4) was not dependent on recurrence alone, but also on my interpretation. As Smith et al. (2009) assert, while the focus of the analysis is to capture the meaning of participants' personal world, the researcher's interpretative work necessarily plays a part in understanding the participants' claims at all stages of analysis.

Box 4. Final table of themes: Counsellors' experiences of Buddhist Counselling

1. Buddhist Counselling as cultural congruence
Buddhist Counselling as cultural congruence for the practitioner
Buddhist Counselling as cultural congruence for the client
2. Conceptualising Buddhist Counselling
The root of suffering
Therapeutic goals
Tuning in as pivotal
The Four Noble Truths as a map
3. The intertwinement between the personal and the professional
Internalising the Four Noble Truths
Observing Buddhist practices
Experiencing the effectiveness
4. The experience of difficulties
Unknown profession
Insecure profession

From the analysis of the five counsellors' transcripts, as shown in Box 4, I identified four superordinate themes and their sub-themes. More detailed tables of themes with the frequency of each theme and examples of the translated extracts can be seen in Appendix 17.

4.6.1(b) Analysis of the focus group transcript

The focus group transcript which involves the multiple voices of the counsellors in an interactional setting makes it difficult to infer a personal account from what is said in a group context (Palmer, Larkin, de Visser, & Fadden, 2010; Smith et al., 2009). Applying an IPA perspective which commits to experiential accounts to interactional accounts is therefore not straightforward. To deal with this issue, Smith (2004) suggests doing the analysis of the focus group twice: “once for group patterns and dynamics and subsequently, for idiographic accounts” (p. 50).

Two recent papers have responded to Smith’s suggestion and offered modified guidelines of analytic procedures of IPA for focus groups (Palmer et al., 2010; Tomkins & Eatough, 2010). Tomkins and Eatough (2010) point out that many published articles on research findings based on using IPA with focus groups apply IPA analytic procedures for interviews directly to focus groups. That is, those articles analysed the data principally based on using the group as a fundamental unit of analysis. This, they argue, can be problematic within the IPA framework as focusing the analysis on the group as a whole can potentially downplay the individual and loses sight of idiosyncratic experiences. This concern is echoed by Palmer et al. (2010). Also, these authors comment how most existing IPA studies with focus group data have offered very limited descriptions of how their focus group data was analysed. In addressing this underexplored issue, Palmer et al. and Tomkins and Eatough propose that the analysis of focus group data should be analysed not only at group-level, but also at individual-level. However, they offer different ways of doing so.

Palmer et al. (2010) propose eight steps for reflecting on group data, through a structured set of analytical questions. This set of questions aims to accentuate the interactional context in which the participants’ accounts arose. On the other hand, Tomkins and Eatough (2010) highlight the importance of balancing the individual and the group levels of analysis, and offer two main steps for using IPA to analyse focus group data: once for group-level analysis and again for individual-level analysis. For my study, I chose to adopt these two steps of analysis as they clearly address the importance of holding onto both the whole (the group) and the parts (the individual), and they also offer sensible steps for engaging with general focus group data. In contrast, the analytic guideline proposed by

Palmer et al. was particularly developed in response to a specific set of focus group data, and as such it appears to be less relevant to my study.

Adopting the analytical guideline suggested by Tomkins and Eatough (2010), I began the analysis by following the above conventional process of IPA analysis to create a table of themes for a group as a whole. Following the completion of this table of group-level themes, I went back to examine the accounts from each individual participant and attempted to assess whether the table of group-level themes did justice to the experiential account of the individual. As Tomkins and Eatough put it: "This involved putting ourselves deliberately and systematically into the shoes of each participant and assessing the salience of the provisional group-level taxonomy from the perspective of that individual" (p. 250). There are two main steps involved in doing this: the first step is a top-down process, which involved going through and looking at each member group's account as a whole, and the second step is the bottom-up process, which involved identifying how the individual account reflects the group-level themes.

For the top-down process, I started going through the transcript again, but this time I looked at each individual's accounts separately. I used different coloured marker pens to highlight what each participant said, together with the notes which I had made, and then read these coloured texts again to get the whole sense of what each group member said. The next step was to review the table of group-level themes, and then to make notes on which group-level themes this group member seemed to participate in, and at the same time which group-level themes did not seem to represent this group member very well.

Completing the first top-down process, I continued the bottom-up process by exploring the individual participant's account again. This time I divided the individual text into episodes and assigned them numbers. Each episode contained one point that the participant made in the group context. For example, I divided the accounts of Manid into 18 episodes, and I assigned each episode a letter and a number, such as "A1, A2". I used different letters (A, B, C, D, E) to differentiate each counsellor's account. Then I mapped the numbered episodes onto the group-level themes to see which group-level themes seemed to be participated in by this particular counsellor. Having finished this process for the other four group members, I began looking across the mapped episodes for each of the counsellors.

Box 5. Searching for an individual's account within the group-level themes

Superordinate Theme 1: Conceptualising Buddhist Counselling
The Four Noble Truths as a map : A1,A4,B1, D1,D2,D5,D6,E1,E3,E6,E7,E9,E21
Tuning in as pivotal: B2,C2,D4,D8,D13,E5,E22
The goals : A2,A5,B3, D3,D9,D11,E4,E8,E10,E16,E17,E24,E25
Superordinate Theme 2: The intertwinement between the personal and the professional
Internalising the Four Noble Truths: A3,A12,A14,B9,B12,B13,B21,B25,B27,B28,C1,C4,C5,C23,D24,E2,E18,E19,E20,E23,E26
Observing Buddhist practices: A6,A9,A10,A11,A13,B5,B6,B7,B8,B10,C1,C6,C7,C9,C10,D12,E11,E13
Positive feelings: A13,A15,A16,A17,B26,B32,B34,C8,C17,C18,C20,C21,C22,D13,D14,D17,D18,D19,E27,E29
Superordinate Theme 3: Bringing the quality of the counsellor's self into counselling
Putting self aside: A8,B14,B15,B16,B17,B18,B20,C3,C12,C14,D20,D23,E12
Being present : A7,B4,C11,C15,C16,D21,D22,E14,E15

In Box 5, I show this process of analysis for five counsellors (A-E), and here we can see that all the group-level superordinate themes were reflected upon by each of the individual participants, but in varying degrees. This may be due to the nature of group discussion, in which not every counsellor engages equally with the issues discussed in the group. For example, the most extensive number of episodes (33 episodes) was produced by Padee, as she seemed to contribute more to the discussion than others. In terms of patterns across cases, there is no particular intensity of mapping on any one theme. This seems to suggest that the group-level themes can capture the individual's experience successfully. Therefore, the group-level table of themes remained unchanged, and I then combined it with the table of themes from the interviews, as I will describe in the following section.

4.6.1(c) Combined analyses of the interviews and focus group data

I initially planned to use a combination of focus group and individual interviews to provide complementary data. That is, whereas I aimed to use individual interviews to elicit a personal account of the counsellors, I planned to use the focus group, which is interactively oriented, to generate shared and divergent dialogue between counsellors about their understandings about Buddhist Counselling. However, in practice the individual interviews and the group discussion generally generated very similar accounts. From Boxes 4 and 5, we can see that

the superordinate themes from the focus group transcript make up two of the four superordinate themes from the individual interviews. Only the focus group theme “Bringing the quality of the counsellor’s self into counselling” is not present in the individual interview themes. However, the two subordinate themes of this superordinate theme, “Putting the self aside”, and “Being present” did actually emerge in the individual analyses as well. As the analysis progressed it became more apparent to me that the counsellors attributed these two qualities more to the ability to tune in. Therefore, in the analyses of data from individual interviews, I collapsed these two sub-themes into one sub-theme, “Tuning in as pivotal”.

Similar themes emerging in the two settings is possibly because the counsellors felt comfortable about discussing their personal perspectives in the group, and this feeling seems to be a result of the existing relationships among us. Knowing each other already made them feel comfortable about disclosing their personal experience. The evidence of this is explicit in Padee’s account when she reflected on her experience of participating in the focus group:

I think if we didn’t know each other before, I may have felt uncomfortable, but here I didn’t feel that others’ opinions interfered with my sharing, my thoughts. But actually they helped ... helped me to gradually see, explore, and reflect on something. [...] They didn’t have any impact in terms of imposing on my own thoughts.

From the above extract, the intimacy puts Padee at ease, and this seems to promote her openness in spite of the presence of the group. Padee also feels that the interactive environment of a group elicits her thoughts, reflections and explorations.

The broader range of themes that emerged from the individual interviews can be explained in several ways. One possibility is that two of the superordinate themes, namely “Buddhist Counselling as cultural congruence” and “The experience of difficulties”, which emerged from the interview data, which arose from the semi-structured interview questions, were not asked in the focus group. Another possible reason is that as I conducted the focus group before the individual interviews, and I used the transcript of the focus group to develop further questions for the individual interviews, this may have helped to elicit a more detailed experiential account during the individual interviews. A third possibility is that the wider range of themes from the individual interviews seems to go according to the longer length of time each counsellor had in the interviews to reflect on their experiences than in the focus group.

For my study, the focus group elicited the participants' conceptual understandings about Buddhist Counselling, whereas the individual interviews elaborated on each counsellor's personal experience. In this sense, the combination of two methods in my study offered a deeper understanding of the collective understandings and individual experiences of Buddhist Counselling. I interpret this as a good response to IPA's theoretical commitment to understand both the whole and the part(s), and the combination of these two brings about a deeper understanding of the counsellors' lived experience of practising Buddhist Counselling.

As the table of themes from the interview data also includes those from the focus group data, it suggests that this table captures most comprehensively the counsellors' experience. I thus used this table as the final table of themes for my study. In this way, I argue that the findings of my study do not move away from the idiographic commitment of IPA.

4.6.2 Analysis of the interview transcripts from the client participants

I treated the two interview transcripts of each client as one set of data. Analysing these transcripts, I adopted the identical process of interview data analysis, as previously detailed in 4.6.1 (a). From this analysis, I identified four superordinate themes each of which were represented in all three clients' transcripts. The master table of themes for this study can be seen in Appendix 18.

4.7 Managing the quality of the research

In doing this research, I have committed myself to carry out the research with integrity. To ensure the quality of my research practice, I have continually consulted the two sets of guidelines proposed by Yardley (2000, 2008) and Smith (2011), as they are considered particularly relevant for IPA studies (Smith et al., 2009). Smith et al. (2009) referred to the four validity criteria proposed by Yardley as generic, but useful, criteria for assessing quality in qualitative research; they are a) sensitivity to context; b) commitment and rigour; c) transparency and coherence; and d) impact and importance.

More recently, Smith (2011) also proposed a specific guideline for evaluating the quality of IPA research. This guideline consists of the following seven broad criteria: a) the paper should have a clear focus; b) the paper will have strong data; c) the paper should be rigorous; d) sufficient space must be given to the elaboration of each theme; e) the analysis should be

interpretative not just descriptive; f) the analysis should be pointing to both convergence and divergence; and g) the paper needs to be carefully written. Importantly, I consider Yardley's guideline as covering Smith's quality guideline for IPA research. In particular, I interpret Smith's guideline as relating to Yardley's second criterion, "commitment and rigour". Hence, I will refer to the seven criteria proposed by Smith when discussing Yardley's second criterion. Below, I present how these criteria are addressed in my research.

4.7.1 Sensitivity to context

According to Yardley (2000, 2008), to produce good qualitative research requires researchers' great attention to contextual dimensions of the research. I demonstrate sensitivity to the context in several ways. Looking back to the design stage of my research, I made a careful consideration of the ways in which I would recruit and engage with my research participants. As presented earlier in this chapter, this stage involved a discussion with my supervisors regarding the possible impacts of my research conduct on my participants, my careful consideration of research ethics, and my construction of open-ended interview and focus group questions. All of these were my attempts to conduct the research with integrity and respect to my participants.

During my data gathering, I paid great care to my interactions with the participants and the types of questions which I asked, to ensure the depth and richness of the data. For example, as noted earlier, I chose to ask open and expansive questions rather than closed ones in order to encourage participants to provide detailed accounts of their experience in their own ways.

During the stage of data analysis, I was mindful of the participants' position and socio-cultural context and noted on how this might have an influence on their accounts. In addition, as my analysis progressed, it became clear to me that the cultural contexts of participants have a significant influence on meanings that the participants gave to their experiences of Buddhist Counselling.

4.7.2 Commitment and rigour

Yardley (2000, 2008) asserts that to achieve rigour of research, the researcher's substantial commitment to the studied topic is important. I demonstrate commitment and rigour in various ways.

To begin with, I have long engaged with this research topic. As described in Chapter 1, my interest in pursuing this research came directly from my own experience of being trained in Buddhist Counselling during my master's degree. As a full-time PhD student, I have continually immersed myself in studying this topic and developing my research skills. Such prolonged engagement has enabled me to engage deeply with the data and other relevant work of others. In line with this claim, Roulston (2010) asserts that "longer periods of time spent studying a topic will result in deeper and more complex understandings of phenomena on the part of the researcher" (p. 84).

Also, in designing and carrying out this research, I closely followed guidance provided by Smith et al. (2009). Consistent with IPA, I recruited a relatively small homogenous sample: five counsellors and three clients. According to Smith et al., this sample size is appropriate for doctoral study, and for enabling rich and detailed descriptions and interpretations of the participants' accounts to be obtained. With this sample size, I could spend sufficient time on re-reading individual transcriptions, on in-depth engaging with the analysis, and on providing detailed descriptions and interpretations about each participant.

I also demonstrate research rigour through the use of *data and methodological triangulation* (Roulston, 2010). As I discussed earlier, to achieve a comprehensive understanding of the phenomenon under study, I sought two sources of data from counsellors and clients about Buddhist Counselling, and used different methods of data gathering, namely a focus group and individual interviews with counsellor participants, and two interviews with client participants.

In the presentation of findings in Chapters 5 and 6, following Smith's (2011) criteria, I explore each theme in detail in order to ensure my sufficient idiographic engagement. Within each theme, I demonstrate both convergence and divergence to make the breadth and depth of each theme visible to the reader. To demonstrate the pervasiveness of the themes, I support my analysis of each theme with extracts from at least three counsellors (three out of five), and from each client (three out of three). I also indicate the prevalence of each theme in my writing and provided more detailed information of this in Appendices 17 and 18

Moreover, as I outlined later in this chapter and as can be seen in the next two chapters, within each theme, I initially provide descriptive comments of what is the participants' main claims and concerns and this is followed by my interpretative comments on what it might

mean for the participant to have such concerns or to make such claims. I also incorporate the two levels of interpretations through my separation of the findings chapters (Chapters 5 and 6) from the discussion chapter (Chapter 7). In the findings chapters, my interpretative comments are mainly concerned with a close reading of the participants' accounts (phenomenological focus). In the discussion chapter, I make further sense of the data through relating my findings to other relevant empirical and theoretical literature. This is especially the case when I adopt hermeneutics to explore the moral and cultural aspects of counsellors' and clients' experiences of Buddhist Counselling (interpretative focus).

4.7.3 Transparency and coherence

Transparency and coherence are another two aspects that I try to demonstrate throughout this thesis. To make my research as transparent as possible to the reader, I include my reflexive comments throughout the thesis. For example, in Chapter 1, I used reflexivity to explore my experiences and motivations that led me to undertake this research. In this chapter, I have provided a detailed discussion of how and why I conducted my research in the ways that I did. In the presentation of findings in Chapters 5 and 6, to help readers to make their own judgements about the extent to which the findings in my study are convincing, following Smith et al's (2009) suggestion, I provide evidence of the prevalence of each theme and support each theme with various extracts from the participants.

The coherence of my study is demonstrated through the good fit between the epistemological and theoretical stances that I adopt, the research questions, the research methods used for data gathering, the data interpretation and the conclusion that I offer. As I discussed in Chapter 3, having a solid grounding in the epistemological and theoretical underpinnings of the study is important as it enables me to make an informed decision over the course of the research in terms of what is or is not congruent with my chosen research approach. Any decisions that I make in this research is always based on the epistemological and theoretical background of my IPA research. For example, I have already justified in Chapter 3 how the in-depth interview and focus group are compatible with my IPA research and how they can help me to answer my research questions. Also, the ways in which I structure Chapters 5, 6, and 7, as already described, are informed by the theoretical foundations of IPA. As will be seen in Chapter 7, my adoption of hermeneutics to make further sense of the participants' accounts of their experiences of Buddhist Counselling is

also directly relevant to IPA's second theoretical endeavour. Offering my interpretations about the participants' experiences of Buddhist Counselling, I make it clear that the interpretations offered in this thesis are not the truth claims, rather the best possible accounts that I can provide, based on my sense-making of the participants' sense-making, and this is clearly influenced by my epistemological stance, namely contextual constructionism.

4.7.4 Impact and importance

To the best of my knowledge, this research is the first study that employs IPA to explore counsellors' and clients' lived experiences of Buddhist Counselling in Thailand. It thus takes the field a step further to achieve a better understanding about counsellors' and clients' experiences of Buddhist Counselling in Thailand. Findings from this study can serve as a knowledge base for the practice of Buddhist Counselling. As discussed in Chapter 2, given that the Thai counselling profession and Buddhist Counselling have been recently developed, and correspondingly research in the field is extremely limited, my research clearly makes a significant contribution to the field of Buddhist Counselling and also to the counselling profession in Thailand. A detailed consideration of the impact and importance of my research can be found in Chapter 8, where I discuss the implications and overall contributions of my research to counselling training and practice and also to the field of counselling research.

4.8 Interpretation and presentation of findings

Before moving on to the two findings chapters, it is important to discuss the two different levels of interpretation within IPA and to explain how these two levels are used in my accounts of the findings. This discussion is followed by an outline of how my two findings sections are organised.

As previously noted, at the heart of IPA research is the notion that "the researcher is trying to make sense of the participant trying to make sense of what is happening to them" (Smith et al., 2009, p. 3). Interpretation is thus inevitable as it makes understanding possible (Gadamer, 2004), and it is essential as it adds clarification and understanding of the phenomenon being studied and indicates what it means to the participants who experience it (Willig, 2012).

Eatough and Smith (2008) note that there are different levels of analysis within IPA: an empathic-descriptive level, where the analysis is grounded in the participant's own account and sense-making; and a more critical-hermeneutic level, where the analysis goes further than meaning restoration and which may be different from what the participants might offer. The first level of analysis focuses more on the phenomenological perspective and aims to elicit rich experiential descriptions of the participant's claims and concerns about the studied phenomenon. The second level of analysis aims to develop a more explicitly interpretative analysis in order to throw light on the deeper meanings contained within the participant's account. In other words, an empathic-descriptive interpretation is required to capture and "give voice" to participants' claims and concerns, whilst a more critical-hermeneutic interpretation is required to contextualise and "make sense" of the meaning of such claims and concerns (Larkin et al., 2006, p. 102). This represents the researcher's attempt to straddle both in the sense of "an insider" to understand the lived experience from the participant's perspective, and in the sense of "an outsider" to make sense of, and disclose, the meaning of the participant's experience (Finlay, 2011; Smith et al., 2009).

In this sense, these two levels of interpretation aim to produce different kinds of knowledge: one is for understanding (generated through empathic interpretation) and the other is for explanation (generated through critical interpretation) (Willig, 2012). Smith (2004) notes that most interpretative levels employed in IPA lean more towards empathic interpretation. However, both levels of interpretation are essentially required as together they "contribute to a more complete understanding of the participant's lived experience" (p. 46), and the combination of the two approaches to interpretation, as Eatough and Smith (2008) point out "is indeed the hallmark of a good interpretative phenomenological analysis" (p. 191).

Although interpretation helps to generate a better understanding of the underlying meaning contained in the data, Willig (2012) warns us that research ethics can be put at risk when "researchers are seeking to generate 'suspicious' interpretations, particularly those that participants themselves would not recognise or agree with" (p. 20). Possible solutions offered to this are that hermeneutic questioning is fine provided that the interpretative account comes from a close reading of the text itself and that the account discloses the meaning of the experience in a recognizable manner (Larkin et al., 2006; Smith et al., 2009). When making more speculative interpretations, Smith (2004) suggests that researchers can

use *the whole* (the full account that the participant gives in the interview/the focus group) to make more sense of *the part* (a specific part of the account). Occasionally, researchers can also use a specific theoretical idea to point to a more significant and deeper meaning underlying an account, and this should be presented in more tentative tones. Importantly, as Finlay asserts (2011), importing any theoretical ideas should always be based on the invitation from the data itself, rather than the researcher's favourite theories. Overall, Smith (2004) suggests that "the empathic reading is likely to come first and may then be qualified by a more critical and speculative reflection" (p. 46).

In the next two findings chapters, I present my interpretative accounts and support each of the themes with translated extracts from the participants. I choose to present some translated extracts because they show the essence of the theme or because they provide the most potent and insightful example of the theme (Smith et al., 2009). For each theme, I firstly give descriptive interpretations of the extracts and then offer more hermeneutic interpretations. Although I provide these two levels of interpretation in presenting the findings, I do not rely too heavily on the hermeneutic interpretation. This is my attempt to avoid taking anything away from the rich and authentic voices of the participants. I will thus give hermeneutic interpretation where appropriate to clarify the meaning underlying the participants' accounts. In doing so, I refer to the complete accounts of the participants in order to help to make sense of parts which need further clarification.

Consistent with the theoretical underpinnings of my study, the main aim of Chapters 5 and 6 is to *give voice* to my participants by presenting their experiential accounts of engaging in Buddhist Counselling. I then move my analysis further in Chapter 7 where I try to *make sense* of the participants' experiential accounts in relation to other relevant literature, and especially to the hermeneutic concept of identity and the good.

As my research involves the two studies, one exploring the experience of practising Buddhist Counselling, and the other focusing on the experience of receiving Buddhist Counselling, each study can be seen as the part of the whole research project. Implementing the part-whole relationship of the hermeneutic circle, in Chapter 7 I discuss the findings of each study separately before identifying and discussing the key shared findings of the two studies together.

4.9 Reflexive conclusion

As I have already included my reflexive notes alongside my discussion of how I conducted this study, here I will reflect on some key learning that I have gained through my first lived experience of carrying out the qualitative research.

As I have demonstrated in this chapter, my research did not go exactly as planned. At the start of my field work, when things went off the plan (e.g., I found no eligible client participants after a few months passed by, or even a smaller matter like clients passing me their phone numbers through their counsellors, rather than contacting me directly as I specified in the information sheet), I felt very stressed as I was fearful that these unexpected events might impinge on the integrity of my research. With such fear in my mind, I found myself being less open to reality and other possibilities. This clearly limited my sensitivity to the actual research context and also my own creativity in handling unexpected issues. My experiences of these unexpected issues gradually drew me to more fully appreciate the fluid nature of qualitative research, and this appreciation has facilitated a significant change in my stance towards such unplanned issues: it made me realise that I needed to conduct the research actively by being responsive and flexible, rather than passively by attaching to all the ideas that I had already planned.

This new learning has broadened my mind and stimulated me to think more critically and culturally about the research context. As I have illustrated in this chapter, being more responsive to the cultural context of the research, I came to a realisation that one of my set of criteria for client recruitment (i.e., recruiting clients who received 6 or more counselling sessions) was imposed by the Western norm of counselling services. My recognition of this led to a removal of this criterion and to adjust the recruiting criteria to be more resonant with the Thai context.

From the start of my field work, I was aware that my preconceptions would have a significant influence on my interactions with the participants and the data I would receive from them. I therefore began my data gathering with a strong commitment to interact with the participants consciously. Below, I offer an extract from my research diary to illustrate what I generally tried to do in my meetings with the participants:

I was aware that our shared cultural background could limit my sensitivity to what the participants told me (I may unconsciously assume that I know what they mean), and this would limit my further exploration of their own meanings. With this concern in mind, I noticed myself trying not to let my own knowledge and assumptions to have an impact on what my participants were going to say in numerous occasions. For example, I tried to avoid asking a leading question which may include certain responses. I also tried to be vigilant towards what they told me by asking a question like “what do you mean when you say...?”

However, I also noted that I could not always put aside my preconceptions, but inevitably let them influence my dialogues with the participants:

Over the progress of the interviews, I found my “stock of knowledge” about Buddhist Counselling gained from the past interviews influenced what I expect to hear in the subsequent interviews. For example, some counsellors told me that they found Buddhist Counselling as linking their personal and professional lives, an experience that I also shared with them. Although I tried to suspend this knowledge by not providing any input into the question I asked, I noticed myself looking forward to hearing this kind of information from other counsellors. When I heard them mentioning such issue, I found myself very satisfied and very keen to ask further questions.

So, in my dialogues with the participants, there are always movements between my focus on the participants’ own perspectives and my own preconceptions. I interpret such movements as consistent with the theoretical foundations of my research: while my main focus was always to understand my participants’ own views of their counselling experiences (my phenomenological endeavour), I cannot help but bring my preconceptions into this meaning-making process (my interpretative endeavour). I found that when I was *consciously* aware of my preconception, it did not limit my understanding or overvalue my own horizon, but it indeed helped to expand my horizon. In the above extract, without such shared previous experience of Buddhist Counselling as linking the personal and professional, I may not have made a further exploration of it, and thus I may not have gained a deeper understanding of this issue. So, my conduct of this research has strengthened my hermeneutic view that I should not treat my preconception as a bias that I need to eliminate from my research. Instead, I should treat it as a fundamental and essential part of my research.

Through my lived experience of conducting this research, I have learnt that although a thoughtful research design is a key element for good research conduct, it is my personal qualities, including a commitment to the task of inquiry, a responsiveness to the research context and the participants, and a consciousness of my role in co-constructing knowledge, that actually make a difference to the research.

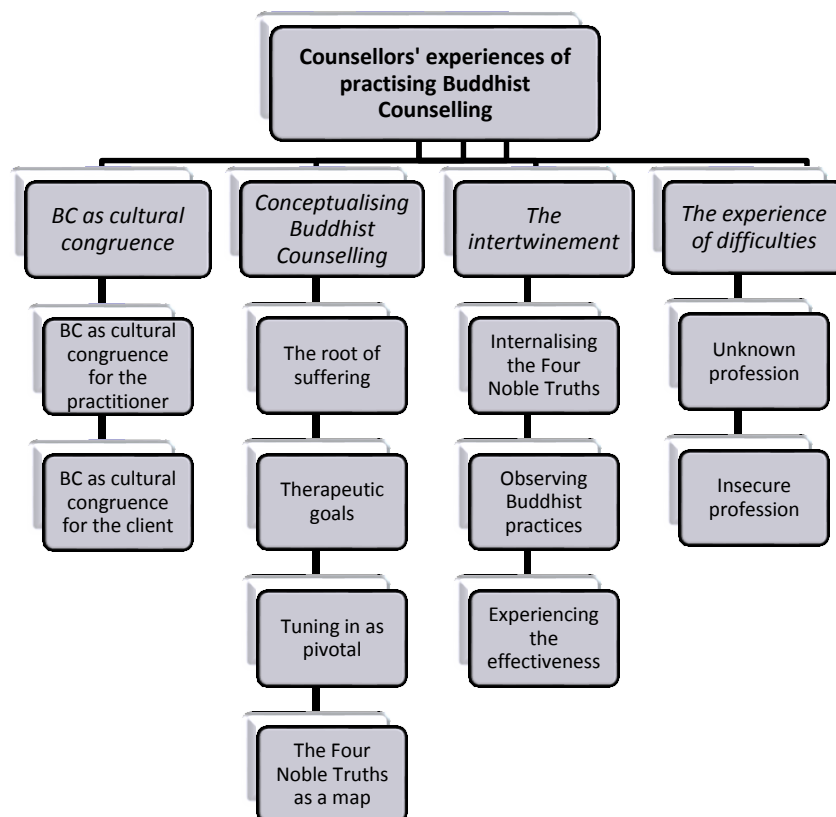
Chapter 5

Counsellors' experiences of practising Buddhist Counselling

5.1 Introduction

In this chapter, I present the findings from the analysis of the focus group and interview transcripts of the five counsellors. As represented in Figure 1, I identified four superordinate themes which occur both within and across the counsellors' accounts. Indeed, they represent a double hermeneutic: the counsellors' sense-making of their experience and my sense-making of their experiential accounts. Bringing these two aspects together, my aim in this chapter is to give voice to the experiential claims of the Buddhist counsellors by describing what it may be like for them to practise Buddhist Counselling. In doing so, I acknowledge that the narratives presented in this chapter are not a complete representation of the counsellors' experiences, rather they represent my attempt to get as close to their experiential claims and meanings as possible. Indeed, they are co-constructed, and time and context-specific.

Figure 1. Themes of counsellors' experiences of practising Buddhist Counselling



The idiographic focus of IPA means that I will explore the counsellors' accounts in detail. In line with the iterative process of IPA analysis, the presentation of my findings involves moving between a group level analysis (the whole) and an individual level analysis (the part). The themes presented in this chapter are not represented in order of prevalence, but in an order that I took to be the most logical in telling the counsellors' stories. As the table of themes is the result of a combined analysis of the focus group and individual interview data, transcript extracts from both data sets will be presented where appropriate and will be clearly labelled as to whether the extract is taken from the focus group or the individual interview.

Before exploring the details of each theme, I give an overview by briefly summarising the four superordinate themes in the following paragraphs:

The first superordinate theme, which I entitle "Buddhist Counselling as cultural congruence", comprises two subthemes: "Buddhist Counselling as cultural congruence for the practitioner" and "Buddhist Counselling as cultural congruence for the client". These subthemes present the factors that influence the counsellors' choice of Buddhist Counselling, and the role of congruence between their personal values and chosen orientation in the practice of Buddhist Counselling.

The second superordinate theme is "Conceptualising Buddhist Counselling". It consists of four sub-themes: "The root of suffering", "Therapeutic goals", "Tuning in as pivotal", and "The Four Noble Truths as a map". These subthemes cover the counsellors' understanding of how Buddhist Counselling operates.

The third superordinate theme is "The intertwinement between the personal and the professional". Under this theme are three interrelated sub-themes: "Internalising the Four Noble Truths", "Observing Buddhist practices", and "Experiencing the effectiveness". These subthemes cover the ways in which the counsellors try to develop themselves through integrating Buddhist ideas and practices into their personal lives, and the role of this self-practice in the personal and professional development of the counsellors.

The fourth superordinate theme is "The experience of difficulties", consisting of two interrelated subthemes: "Unknown profession" and "Insecure profession". This final

subtheme addresses the counsellors' reflection on the obstacles of working as a Buddhist counsellor in Thailand.

5.2 Superordinate theme 1: Buddhist Counselling as cultural congruence

As discussed in Chapter 2, Thailand is a predominantly Buddhist country and consequently many of its social and cultural values have been influenced by Buddhist beliefs and practices. These influences have inevitably had a significant impact on the Thai people who live within this cultural context. It is thus not surprising that all five Buddhist counsellors in my study said that Buddhist Counselling "goes well" with the existing beliefs of themselves and of their Thai clients.

It is worth noting at the outset that none of the counsellors in my study, except Somsak, chose to be trained specifically in Buddhist Counselling. Most of them simply chose to study counselling, and were not aware that the counselling programme was based on Buddhist Counselling. Somsak, on the other hand, had an interest in counselling training and so came across information about the Buddhist Counselling course. He was interested in how Buddhist philosophy could be applied to counselling and this led to him taking the course. Although most of the counsellors did not aim to train in Buddhist Counselling, after graduating they all continued to practise Buddhist Counselling professionally as they felt that the approach was culturally congruent both for themselves and their clients. This theme then presents the counsellors' motivations to take up Buddhist Counselling as their post-qualifying counselling orientation and their evaluation of Buddhist Counselling as culturally congruent.

I would also like to note that this theme emerged only in individual interviews. The emergence of this theme is connected to the broad questions which I asked in the interviews. These questions about how the participants became Buddhist counsellors, and how they perceived the suitability of Buddhist Counselling for their Thai clients, were addressed in the interviews, but were not included in the focus group schedule due to its different focus, as previously described.

5.2.1 *Buddhist Counselling as cultural congruence for the practitioner*

All five counsellors emphasised the importance of the congruence between their personal philosophy and their counselling orientation, and this congruence, the counsellors felt,

enabled them to “use themselves fully” in their work with clients. More specifically, the counsellors reported that their personal views about the nature of the human mind and suffering are based mainly on Buddhist philosophy, and they attributed this worldview to having grown up as Buddhists in a Buddhist country. The typical extract below from Denchai clearly illustrates this perspective:

When I was young I ... studied Buddhism as a subject at school. Though I didn’t pay attention to it, I felt it was a boring subject, but many Buddhist technical terms were introduced to me one by one. When I turned on the TV, there were always dramas talking about karma, about suffering, about monks, about Buddhist precepts. I’ve heard these ideas from the media, TV, radio. Books, including Thai literature, talk about these terms, these concepts [...] Buddhist ideas often figure in the conversations I have with people, my parents have also talked about these since I was young. Going to a temple, though I didn’t pay attention to what the monks said, I still heard something. I see that my outlook on the problems and the nature of the human mind is based on Buddhist ideas ... What I mean is that Buddhist worldview is inside me and I always carry this part with me. (Denchai – Interview)

In this extract, Denchai has deepened his familiarity with and appreciation of Buddhist ideas through absorbing them from the surrounding cultural resources over a period of time. When Denchai describes how he acquires Buddhist ideas unintentionally, he describes how sociocultural influences play a significant role in the development of his Buddhist worldview, which he now sees as a constituent part of his selfhood, “inside me”. I would like to note that the word “worldview” used here is literally translated from the Thai word “การมองโลก”, meaning the way in which he sees and understands the world around him. The idea that the Buddhist worldview has become an inevitable part of selfhood due to the sociocultural influence is also expressed by Padee:

Buddhist ideas in Buddhist Counselling are not new for me. Since I was young I have always heard people around me talking about them. Although I did not know the deep meaning of the Four Noble Truths, I could say that they consist of four things – dukkha, samudaya, nirodha, magga [...] Training in Buddhist Counselling helped me have a clearer understanding of what I had already been familiar with. (Padee – Interview)

Here, Padee refers to the voices of the people in her life since she was young as a significant influence on her familiarity and appreciation of Buddhist teachings. It seems that the external voices that Padee had heard all her life have taken root and become part of her. She also makes a comparison between her previous self (before her counselling training; she did not

know the deep meaning of the Four Noble Truths) and her current self (after the training; she has a clearer understanding of them). I think that this comparison suggests that it is the training in Buddhist Counselling that enables Padee to make use of her familiar Buddhist ideas, and also to advance her understanding of them. Indeed, growing up as a Buddhist in a Buddhist country and practising Buddhist Counselling is seen as an opportunity to take advantage of the surrounding *inside* resources, as Padee further says:

I feel that our way of life is closely related to Buddhism, and the important thing is how to bring counsellors back in touch with their roots. I think if Buddhist Counselling is widespread, it will encourage people working in mental health profession to use our inside resource, our understanding. This will help us not need to look for something outside. (Padee – Interview)

Padee considers Buddhism as an available inside resource, and she expresses her faith in using this inside resource. This faith is evident when she says that through using this inside resource, there is *no need to look for something outside*. I wonder if “something outside”, for Padee, means Western counselling approaches that have long been dominant in the Thai counselling profession. This succinct phrase also conveys a sense of her pride and value in Buddhism. I think that implicit in this message is the belief in the validity of indigenous beliefs. Put it simply, Padee perhaps thinks that the available inside resource is already good, so why bother using “something outside”?

Another participant, Manid, feels that the compatibility between living a Buddhist life and practising Buddhist Counselling makes it “easy” for her to embrace Buddhist Counselling as her theoretical orientation:

Being a Buddhist may help me to appreciate the Buddhist ways, and when I understand Buddhist ways I may accept Buddhist Counselling or more easily see that Buddhist ideas can be useful. (Manid - Interview)

Similar to Manid, Denchai also talks about the positive impact of the congruence between his Buddhist worldview and his counselling practice:

My Buddhist worldview isn’t separate from my counselling work, and I can use myself fully. This would be different if I had a Buddhist outlook but with clients I had to ... had to use other approaches, but in my mind still relied on my Buddhist ideas. If this were the case, it would mean that I wouldn’t be using myself wholeheartedly or fully. As I’m a Thai and grew up in a Buddhist context, and then when I studied there is Buddhist

Counselling as well, when applying Buddhist Counselling I can apply my Buddhist outlook on life to my counselling work, and doing this I can use myself to work fully, so I chose to practise this approach. (Denchai - Interview)

There is a clear sense that Buddhist philosophy is an inextricable part of Denchai. Due to the congruence between his culturally-embedded self and Buddhist Counselling, Denchai feels he can fully use himself in his counselling practice. On the other hand, Denchai assumes that if he was not in harmony with the philosophy underlying the counselling orientation, this would result in his losing his capability to use his real self, and this would ultimately lead to poorer practice.

5.2.2 Buddhist Counselling as cultural congruence for the client

Buddhist Counselling was seen to “go well” not only with the practitioners themselves, but also with their Thai clients. Four out of five counsellors each mentioned that as Buddhist ideas are “the foundation of the society”, they are “deeply ingrained in each client”:

Most people in Thai society are faithful to Buddhism, they view life and the world according to Buddhist concepts, um when I work with the clients using Buddhist ideas, I feel they match and go well with the clients’ views and beliefs, I feel it [Buddhist Counselling] builds on the ideas they already have quite well and easily. (Denchai - Interview)

The above extract focuses on the congruence between the clients’ existing worldviews and the Buddhist concepts underlying Buddhist Counselling: using the phrase “build on” implies a process of adding something to what already exists. In this sense, Denchai thinks that Buddhist Counselling does not offer the clients unfamiliar ideas; instead it helps to consolidate their existing ideas. Again, this familiarity was seen to make it “easy” (ง่าย) for most Thai clients to embrace the Buddhist ideas underlying Buddhist Counselling. Following hermeneutics as described in 3.5, it is possible to say that the counsellors and their clients are deeply embedded in the specific historical and cultural contexts that give meaning to what they encounter in their lives. In the therapeutic realm, these shared assumptions have inevitably been brought into therapeutic encounters, and play a significant role in giving meaning to what unfolds in therapy. The next extract from Manid illustrates this point:

I think my clients are familiar with many Buddhist concepts, like impermanence, acceptance. These concepts are in our common phrases, like when we cannot change

the past we may say we need to “*thum-jai*”, and I often hear my clients say these phrases when they realised their problems. I think many Buddhist ideas are already there; they are part of their common knowledge and beliefs. So, I think this makes it easier for me to work with the clients. (Manid – Interview)

In this extract, Manid is articulating a good match between the Buddhist concepts of Buddhist Counselling and her clients’ existing worldview. According to Manid, the idea of *thum-jai*, is often drawn on by her clients to make sense of and cope with their problems. This point made by Manid echoes what I found in my review of existing research described in 2.4, namely, that many Thai Buddhists use the concept of *thum-jai* as a way of embracing problems or situations that they cannot solve or change. As Buddhist concepts are already “there” in clients, similar to Denchai, Manid feels that it is not too difficult for her to elicit some Buddhist insights in the client.

Padee’s and Somsak’s accounts are helpful in further illuminating Manid’s account above. Padee says that as her clients are already familiar with Buddhist concepts, when working with the clients she feels that she only needs to find a way to bring “the client to absorb and see the value of what they already have”. Somsak also addresses this point by making it clear that what the counsellor needs to do is to help the clients to make connections between their existing Buddhist ideas and what actually happens in their real lives:

Buddhism is the foundation of the society. If we use Western counselling, this may be alienating. But if we use Buddhist ideas, they can harmonise and go well with the society. And people in Thai society, I think they are familiar with this whether they study Buddhist teachings or not. [...] I feel that my clients know about *anattā* the concept of impermanence. And actually in their real lives they also face that things are impermanent. If I can help them to see this more clearly, they will say “Yeah! It’s true that things are impermanent. I’m suffering because I want things to be permanent”. I think many Buddhist ideas are programmed in all our clients. They have the ideas already. So, this makes it easier for us to use Buddhist concepts when working with the clients. (Somsak – Interview)

According to this extract, I interpret that as Buddhist Counselling is rooted in rather than outwith society, it is thus “harmonious”, not “alienating” to the society. Somsak’s notion that “they [clients] are familiar with Buddhist ideas whether they seriously study Buddhist teachings or not” once again implies a pervasive cultural influence. Returning to the extracts presented above, Denchai, Manid, and Somsak all use the same Thai word “*ใจ*” which means

“easy” in English, to evaluate how well Buddhist Counselling seems to suit the Thai context, but they each use the word slightly differently. That is, while Denchai uses the word “easy” to refer to the clients (suggesting that as Buddhist teachings are the foundation of Thai society, it is easy for Thai clients to endorse them), Manid and Somsak use this word to refer to the tasks of the counsellors (suggesting that as Buddhist teachings are the foundation of Thai society, it is easy for counsellors to apply them in their work with Thai clients). Taken together, it would seem that the comfort level in a therapeutic encounter appears to increase when the two parties share fundamental assumptions. I thus wish to conclude that these counsellors see Buddhist Counselling as a culturally responsive form of counselling because its concepts are derived from the local knowledge base, thereby being suitable for most Thai clients.

5.3 Superordinate theme 2: Conceptualising Buddhist Counselling

This second super-ordinate theme explores the counsellors’ knowledge of practice, and presents the theoretical underpinnings of Buddhist Counselling from their perspectives. I would like to note here that the four sub-themes presented below show a broad consensus of views. This is possibly because all the counsellors in my study, despite entering into training at different times, were trained at the same school by the same counselling trainer. Given this, it seems to make sense that these counsellors generally expressed their understandings of Buddhist Counselling in very similar ways.

5.3.1 *The root of suffering*

All five Buddhist counsellors reported that they did not identify the clients’ problem according to their symptoms, but took a holistic view of the problem. That is, they understand there to be only one problem, which is the disparity between the clients’ desires and reality. All the counsellors believed that underneath the various problems which the clients bring to therapy, the root of those problems is the same, namely “อยู่กับชอบ ไม่ได้อยู่กับจริง”, which can be translated as “live with expectations, not live with the reality”. In this sense, these counsellors understand clients’ suffering as rooted in *their own desires* to direct things in the way that they want:

I: Which problems do you think Buddhist Counselling works well with?

P and N: There is only one real problem [simultaneously]

N: There are so many stories- [P: we work on the client's expectations] um, there are many stories, but finally there is only one problem. It's hard to live or accept what actually happens. (Noree and Padee – Focus group)

More specifically, as Denchai articulates, the roots of the clients' suffering are believed to arise from "clinging on to something that is not real in the present". Another counsellor, Somsak also talks about this point: he states that most of his clients suffer because "they wanted others to change" to live up to their expectations.

I believe that the problem doesn't come from others, as the environment is always like that, people are usually like that. Trying to control things causes their suffering. Suffering arises from their minds, so we need to solve the problem at its root. (Somsak – Interview)

For Somsak, the circumstance itself does not directly cause suffering; the desire to have it a particular way brings about suffering. He thus appears to believe that rather than trying to change experiences or circumstances, the clients should instead change their relationship to their experiences and circumstances. As the counsellors in my study considered suffering as emerging from internal, rather than external factors, they thus believed that facilitating the movement of the clients' focus from external events to the clients' own minds can potentially help the clients to understand their desire-reality split, and this insight may ultimately help the clients to come to terms with their suffering.

5.3.2 Therapeutic goals

Given that the counsellors conceptualised the root of the clients' suffering in terms of a discrepancy between their desires and reality, it is not surprising that all five counsellors aim to facilitate their clients' realisation of this discrepancy. This realisation, they believed, can facilitate the clients' movement from an attachment to things to an acceptance of circumstances. This acceptance can then ultimately help to lessen the clients' suffering. Manid articulates a typical account of this:

I try to help the clients to see the reality, to be free from their expectations, and to be in harmony with the rules of nature. (Manid - Interview)

Another counsellor, Noree, expresses her therapeutic goal in a similar way, but in a metaphorical form:

The goal is to take the clients from attachment to less attachment, from darkness to brightness, from a narrow to a wider space, and from avijja [ignorance] to vijja [knowledge]. (Noree –Interview).

Denchai says that to help the clients understand the root of their own suffering requires a deep exploration:

The clients need to understand their suffering clearly, to understand what they are facing, and if they can understand their suffering clearly, then ... then they will find a way to deal with the situation more suitably. (Denchai – Focus group)

The focus of this extract is the idea that understanding the problem “clearly” could lead to a realisation of a solution. Here, Denchai points to simultaneous insights: because one realises what one is suffering from, one realises what causes one’s suffering, and one realises how to respond to this suffering “more suitably”. This shift in turn helps to facilitate another shift. That is, instead of trying to control and change external things or others, a clear understanding of suffering leads to an inner adjustment of one’s relationship with the external world.

Padee and Somsak reported that they aim to focus not only on the clients’ suffering, but also on the positive aspects of the clients’ current life situation:

I don’t only focus on problem solving, what I mostly try to do is to focus on growth, as I believe suffering can be reduced by growth. (Padee – Interview)

I believe that when happiness occurs, suffering disappears. Clients may come to see me with suffering, but I try to help them to explore more when they talk about happiness in their lives. I try to help them to be in touch with their happiness. This may help them go back with happiness, with a different worldview. (Somsak–Interview)

The underlying assumption of this therapeutic goal is that another way of diminishing the old perspectives (which causes suffering) is through replacing them with new ones. Based on the above accounts, I wish to conclude that the participants’ main therapeutic goals are relieving the clients’ suffering and promoting the clients’ growth. These two goals are mutually compatible: when suffering disappears, there is space for growth, and when there is growth, suffering decreases.

5.3.3 Tuning in as pivotal

All five counsellors talked at great length about “tuning in” (this English term was originally used in their account). These counsellors reported that their main commitment in therapy is

to tune in to the client as fully as possible. Their central aims of tuning in appear to be understanding the clients' experience from their point of view, and conveying this understanding back to the clients in a language attuned to their experience and feelings. Padee's succinct extract below captures much of this:

Tuning in is when the counsellor enters into the client's world and perceives the client's suffering and is with their suffering. (Padee – Interview)

Padee considers tuning in as a way for her to “walk in sync with the clients” by consistently giving the client the message that she is with and for the client. Noree's account further addresses this point: she believes that when the clients feel that they are not being judged but fully accepted, they will gradually develop a sense of self-worth. In this sense, I understand that for Noree, the process of tuning in itself is a process of healing:

Tuning in is bringing ourselves to connect to the clients' worlds in order to understand how the clients really feel, to understand them through their eyes. So, I don't judge what they tell me, and when they have someone listening to them like this, even though I still can't totally click, they will gradually see themselves. I believe that when the client feels that they are really accepted by someone, they are ready to grow by themselves. (Noree– Interview)

To be able to stay fully in tune with clients, many counsellors believe that they need to “ทิ้งตัวเอง”, which I translate as “leave their selves aside”. For them, this is when they let go of their subjective preoccupations:

To be able to do so [tuning in], I need to put my expectations, and my desires aside. I need to connect with the client's world, I need to be equal and in harmony with the client. To be equal, I mean I have to put my thoughts, beliefs, biases, previous experiences, my standards, oh everything, aside, this is to understand the client's suffering as fully as they are feeling it. (Manid– Interview)

In the above extract, Manid makes an explicit link between the ability to put her self aside and the ability to engage deeply with the client. This means that to get to the full meaning of what the clients are expressing, Manid feels that she must approach her clients' experience from the position of not knowing. The two extracts below from Padee and Somsak helps to make further sense of how approaching the clients' experience from a state of (not) knowing can make a difference to their practice:

Whenever I wasn't in harmony with the client, my mind wasn't peaceful, and when I felt that to help the client I had to do this or that, my mind wasn't peaceful, and this means that I was increasing the client's suffering. (Padee – Focus Group)

When I talked to a client and when I was really peaceful, eventually at one point I realised that it should be like this, I was not sure if that was right or wrong, I didn't think, it came out automatically. So when talking to a client, I don't think ... don't think about what the teacher taught me - what I have to look out for - but I try to be as peaceful as possible, and gradually I will see oh! it clicks!, it should be like this. (Somsak – Focus group)

In the first extract, Padee attributes her ineffective counselling practice to operating from thinking and knowing. She regards holding on to “the map”, or her theoretical knowledge, as falling into the trap of using her own reference frames to work with a client. By knowing “the direction to go” before being deeply immersed in the client's world she is “dragging” the client into her own ways, instead of letting the client direct him or herself in his or her own preferred ways. For Padee, holding on to what she “thought she knew” is by no means helpful for the client, as this kind of knowledge appears to block her from truly being in the moment with the client, and blocks the client from freely and deeply exploring him or herself.

In the second extract, Somsak talks about the “click” moment (he originally used this English word), which is the moment when he realises the client's main concern and knows how to respond to the client's issue. He attributes this click moment that appears to arise “automatically”, to his embracing a not-knowing stance. Committing himself to a position of not knowing allows Somsak to let go of “what the teacher taught” and his own theoretical knowledge; it is the absence of thinking about what to do next that appears to foster a peaceful mind. This peaceful mind, in turn, enables Somsak to be with a client without thinking. In other words, peace of mind enhances his ability to be fully present with the clients, which from now on I will call the “therapeutic presence”. Therapeutic presence gradually allows Somsak to become deeply immersed in the client's experience and feelings. This potentially enhances his attuned responsiveness, and ultimately provides him with a click moment.

To conclude, the counsellors regarded tuning in as pivotal. It is not only a significant element in the counselling process, helping to foster and maintain the therapeutic relationship with the clients, but is also a springboard for them to gain an insight into how best to respond to the client's issues. Indeed, the counsellors believed that the less they bring

of their own selves to therapy, the more they can give themselves to the client. It appears that what is left when the counsellors “leave” their selves is emptiness, peace, concentration, and mindfulness. These qualities of mind, they believed, can be fostered by observing Buddhist practices, which I will present in 5.4.2.

5.3.4 The Four Noble Truths as a map

As mentioned earlier in Chapter 2, the theoretical frameworks of Buddhist Counselling are informed by the Four Noble Truths. Not surprisingly, all five counsellors regarded understanding the Four Noble Truths as a significant component in practising Buddhist Counselling. However, this for them does not mean that they need to know Buddhist teachings “thoroughly”. Instead, they all considered an understanding of “the core Buddhist ideas” as a sufficient theoretical knowledge base from which to work therapeutically. Many of them used the word “แผนที่” which literally means “map” in English, to refer to such understanding. These counsellors felt that understanding the map enabled them to identify the clients’ problem (the root of suffering), and to be able to help reduce the clients’ suffering (therapeutic goal). Padee’s succinct account captures well all these points:

The term “Buddhist” doesn’t mean knowing Buddhist teachings thoroughly [...] we don’t know that much, but we know about the map, the map that tells us what suffering is and how to help those who suffer reduce their suffering. (Padee – Focus Group)

Another counsellor, Denchai, refers to the understanding of the Four Noble Truths as “a landmark” (he originally used this English word) that enables him to get his bearings: it enables him to see “where the client’s mind is” and what particular aspect of the client’s story he should focus on:

The Four Noble Truths enable me to see where the client’s mind is – dukkha? [suffering], samudaya? [the cause of suffering], nirodha? [the state of relief from suffering], or magga? [the Noble Eightfold Path to reducing suffering]. I believe magga is in each client’s life. If the clients are really happy with something, inviting them to see their happiness is much better than seeing suffering. And which magga causes this state of nirodha? Like, I invited the client to see that her sammavaca [proper speech] with her children helps improve the relationship between her and her children, and keeps her mind peaceful when she interacts with others. I believe if the clients can see magga in themselves clearly, they can be immune from their past suffering. (Denchai – Interview)

Here, Denchai illustrates how his understanding of the Four Noble Truths helps him to help his clients. If he feels that the clients are still suffering, Denchai will facilitate an exploration of suffering. If the clients start expressing positive feelings, he may help them to explore which part of the “Eight-Fold Path” (magga) is causing these positive emotions (nirodha). Denchai believes that facilitating the clients’ realisation of magga in their lives can allow them to be in touch with the positive aspect(s) in themselves, and this may help his clients to realise that such a path can lead to a more peaceful life. Denchai’s notion that if the clients “see magga in themselves clearly, they can be immune from their past suffering”, again seems to mirror the belief that when suffering decreases, peace increases, and vice versa.

In this theme, I present how Buddhist Counselling works from the perspective of the practitioners. The counsellors regarded their understanding of the Four Noble Truths as a map which informs them of: a) the therapeutic goals; b) the causes of the clients’ suffering; and c) the ways to work with a particular client to reach the therapeutic goal. In the counselling process, it appears that “tuning in”, which describes the moments when a counsellor makes a profound contact with a client, is regarded by all of the practitioners as pivotal. The counsellors believed that it is this attentive relationship that enables them to make the subsequent steps possible; to understand and identify the causes of the client’s suffering and to know how to work with a particular client in order to accomplish the therapeutic goals. In Chapter 7, I explore this idea further in conversation with cognate ideas from other therapeutic approaches, such as person-centred therapy and psychoanalysis. The next superordinate theme goes on to explore how these counsellors developed their understandings of the Four Noble Truths, and the ability to “tune in” to the clients, and how these had an impact on their personal and professional development.

5.4 Superordinate theme 3: The intertwinement between the personal and the professional

This superordinate theme emerged very strongly both in the interviews and focus group. The counsellors’ narratives were peppered with their emphasis on the significance of their personal qualities to their therapeutic practice. The following extract from Manid captures the essence of this theme:

It [practising Buddhist Counselling] really, really, really depends on me. To be successful, I need to be peaceful and in harmony with the client. (Manid - Focus group)

The three repetitions of “really” emphasise Manid’s strong belief in the significance of her personal qualities in generating therapeutic effectiveness. All five counsellors believed that they could develop the personal qualities that they considered essential for practising Buddhist Counselling through internalising the Four Noble Truths and through observing Buddhist practices, and they highlighted the significant role that their self-development played in their therapeutic practice. In other words, practising Buddhist Counselling influences the ways in which the counsellors lived their lives and worked with clients. This complementary way of being is seen as “crucial”. It appears that the counsellors placed a high value on “being” rather than “doing” counselling. That is, they saw it as important that they worked on themselves in the same way that they worked with their clients. An extract from Padee captures this point very well:

To help the clients see reality, we need to see it as well. Aiming to help them, we need to live our lives in the same way as well. If not, what we do to help can make them suffer, and when we think we know, we understand, we are placing ourselves higher than others. (Padee – Interview)

Here, Padee emphasises that the way of being in therapy should be aligned with the way of being in daily life. The lack of this alignment, Padee feels, would result in poor practice. In contrast, when the two domains become one, Padee believes, this can help to generate better practice. This theme thus presents how and why the five counsellors tried to develop their personal qualities through the use of Buddhist teachings and practices. In this theme, we will see again that the counsellors could not emphasise enough the significance of the congruence between the two territories of life, personal and professional, in generating therapeutic effectiveness.

5.4.1 Internalising the Four Noble Truths

All five counsellors maintained that to integrate the Four Noble Truths into their therapeutic work, they needed to move beyond theoretical knowledge of the Truths and develop an understanding of them, “wholeheartedly”, by living them. The word “wholeheartedly” I use here is translated from the Thai word “ตั้งใจทั้งตัว”, meaning in this context that if we know something “wholeheartedly”, we live with that knowledge - such knowledge is embodied in our own body and skin. Somsak neatly articulates this point:

Buddhist Counselling, I feel, depends on the counsellor, the counsellor who ... who as Denchai said, needs to understand them [the Four Noble Truths] wholeheartedly and live our lives in that way. (Somsak – Focus group)

In this extract, Somsak clearly feels that congruence between what he uses with clients and what he uses himself is important. The use of the word “wholeheartedly” suggests that, for him, an effective counsellor does not simply have theoretical knowledge, but lives in a Buddhist way. This means that therapeutic work does not depend only on theoretical knowledge and techniques, but is principally driven by the personal qualities of the counsellor, and these qualities, Somsak believes, can be developed by internalising the Four Noble Truths. Manid similarly describes this point in the following extract:

What I feel makes Buddhist Counselling distinctive and interesting is that firstly the counsellor needs to have Buddhist knowledge, this is not only theoretical knowledge. I mean the counsellor needs to look ... look at their own problems and their own mind using Buddhist ideas as well (Manid – Focus group).

Understanding the Four Noble Truths through direct experience of investigating the counsellor’s own suffering, Manid argues, can help the counsellor to move beyond a “theoretical” understanding of the Truths to understanding them “wholeheartedly”. I understand that the underlying justification for this internalisation is the notion of *practise what you preach*. As Somsak says:

To help others to understand life as it is, we need to live our lives like that as well. We need to be first in order to help others to understand what we understand. (Somsak – Interview)

For Padee, this internalisation is a matter of being “fair” (the original word Padee used) and of showing “respect for” (ให้เกียรติ) clients. Padee seems to believe that she can achieve this by testing out Buddhist ideas in her own life first:

Before offering the service, I think it’s necessary to test by trial and error what we will use in our profession by ourselves first. I feel it ... it’s fair and what should I say? ... This is also to show respect for the clients. (Padee – Focus group)

In the next extract, Somsak further describes why it is important for him to live his life in a Buddhist way:

If we live our lives or practise living in harmony with reality, live our lives based on Buddhist concepts, our work will be in line with our own lives, as we don't separate life and work. But if we don't live our lives like this, then work and life will be separate, and I think we will be unable to understand Buddhist ideas deeply. (Somsak – Interview)

According to Somsak, internalising the Four Noble Truths enables the two domains of his life, the personal and the professional, to become one, and this alignment helps to strengthen his understanding of Buddhist ideas. This better understanding of Buddhist ideas is explicitly linked to a better understanding of Buddhist Counselling, a perspective that is clearly articulated by Noree:

I feel there are levels of understanding Buddhist Counselling according to our personal growth and our Buddhist understanding. The more we understand Buddhist ideas, the more we understand Buddhist Counselling. (Noree – Focus group)

Noree suggests that the level of the counsellor's competence in practising Buddhist Counselling varies over time and varies also from one counsellor to another. She believes that this competence is determined by how well the counsellor understands Buddhist ideas. This point made by Noree is further illuminated by Padee's comment that "the direction we will take a client is the route we have walked before". My interpretation of such accounts is that there is a parallel between what the counsellors can do for themselves and what they can do for others. Another counsellor, Maind also articulates this point, using comparative structures:

The clearer you understand the Four Noble Truths in your life, the clearer you can understand them in clients. (Manid – Interview)

Manid makes a clear link between the counsellors' capacity to internalise the Four Noble Truths in personal lives and to apply them in the counselling work. Denchai's following account further illuminates such a point as Manid made. He feels that using the Four Noble Truths to understand his own suffering helps him to understand clients' suffering:

Knowing my own suffering helps me to work with my clients. When I work with my clients, I don't think, I think less, I'm just with them, and I can understand the client's suffering - what and where the client's suffering is. (Denchai – Focus group)

This account again points to the idea that the counsellors are only capable of taking a client as far as they have gone themselves. In the next extract, Denchai further describes how his

direct experience of investigating his own suffering influences the ways in which he works with his clients. This lengthy extract is interesting on several points, not only because it clearly shows how Denchai uses Buddhist concepts to deal with his own suffering, but also because it is a powerful illustration of how his internalisation of Buddhist ideas plays a role in his therapeutic practice:

I have practised noticing myself and found that suffering makes me feel like this, this makes me focus not only on solving the client's problem. Like when I suffered from a broken relationship, other people said to me that I should have stopped listening to sad songs, I had to take my mind off this problem. These suggestions were okay, but they didn't fit my feeling. As I really suffered so I only wanted to look at my suffering. I found my clients coming to see me with this kind of feeling as well. From my experience, I found that looking at my suffering was okay, but I had to look at it really really clearly until I found how heavy it was, why I still clung to it, and then I felt relief. So when I work with clients and I find that they still want to be with their suffering, I am able to help them in a Buddhist way look at their own suffering mindfully, help them be in touch with their direct experience of suffering, and eventually realise how much they are suffering. (Denchai – interview)

Here, we can see the ways in which Denchai moves back and forth, comparing what he did to bring himself out of his own suffering, to how he tries to help his clients. Again this supports the idea of using what helps oneself to help others. The direct experience of his own suffering allows Denchai to appreciate the suffering of his clients and not rush into fixing their problems. It also helps Denchai to help the clients to immerse themselves in their suffering “mindfully”, rather than unconsciously. Being with their suffering mindfully, Denchai believes, can help his clients to come to terms with their suffering, as he does.

I understand that this way of looking at suffering mindfully is informed by the first Noble Truth. According to this Truth, to clearly understand suffering we need to investigate it carefully and directly from our own experience. Noree's extract further explains that facilitating clients' mindful exploration of suffering also helps her to identify their problems:

When the client says something, sometimes only one sentence, I can see that there is a “split” in that sentence. And when I see this split, I help the client to examine it clearly. (Noree – Interview)

While listening to the clients' stories, I understand that the understanding of the cause of suffering informed by the second Noble Truth appears to help Noree to identify her clients' suffering and this leads her to invite the clients to see the beliefs that make them suffer, and

to see how their beliefs are incongruent with what they are experiencing. Somsak's account below further addresses this point: he articulates how being a witness to clients' exploration of their suffering also helps to enlighten him as to the causes of suffering and how the good life should be lived:

Many of my clients helped me to learn about impermanence and learn about living in harmony with reality. And many clients helped me to learn that if we can't be in harmony with reality, we will suffer. I learn from the clients that actually we can choose to suffer or not. Events just occur like that, but we can choose to suffer or not. So I can choose, and so can the clients. What I try to do with myself is what I try to do with clients as well. (Somsak – Interview)

Similar to this account, elsewhere, Somsak also explicitly regards his client as “ครู” which can be directly translated as a “teacher” who helps him to learn more about suffering, and the insights he gains from his clients not only supplement, but also strengthen his Buddhist understanding. In this sense, I understand that for Somsak the understanding of Buddhist ideas can be developed not only through the direct experience of examining one's own suffering, but also through witnessing others' suffering.

Similarly, Denchai says that applying Buddhist ideas in his own life and in his work with clients has a mutually beneficial effect:

If I only provide a service to clients, only practise with a client, I may not be able to perceive the client's suffering fully, or I may not be able to see their way out of suffering as clearly as if I practise myself, and when I understand suffering from my direct experience. But if I practise this only for myself, I will miss the opportunity to help others. And listening to clients, being in touch with their experiences, working with them also helps me to see myself and my experience. In some ways, the clients' *maggā*, which I never knew before, make me realise that oh! this way of seeing things is helpful. (Denchai – Interview)

For Denchai, examining his own suffering benefits his counselling practice, and at the same time working with clients also benefits him. According to this, I think it is reasonable to conclude that the counsellor's personal way of being has a significant impact on the professional way of being, and vice versa.

Based on the counsellors' accounts, there is a movement from internal to external and back again to internal. Initially, the counsellors applied the Four Noble Truths to their

personal lives to investigate their own suffering. Subsequently, they used such understanding about their own suffering to understand their clients' suffering. Later, as Somsak said, he integrated the insights that he gained from working through suffering with the clients into his own life, and finally he used this learning to inform the ways in which he works with clients. This shows that the counsellors' personal way of being and their therapeutic practice are intertwined.

5.4.2 Observing Buddhist practices

All five counsellors reported using formal or informal Buddhist practices as a way of developing their own personal qualities. Each counsellor chose what they considered to be the most suitable type of practice for themselves. Somsak and Padee both talked about developing their awareness and sensitivity while working with clients and both had experienced formal Buddhist practice a short time before the study. Somsak practised vipassana meditation, and Padee participated in a daily vipassana practice. The other three participants, Denchai, Noree and Manid, practised informal mindfulness. Manid also sometimes practised meditation and chanting. Despite their differences, the central component of all these practices is paying attention to the present moment and observing one's feelings and thoughts:

Mindfulness helps me to know the state of my mind and its movements. (Denchai – Focus group)

Meditation helps me to be able to pay attention to what is happening in myself, like seeing that this is my anger. Vipassana helps me to see what is happening to my body when I'm angry oh! It's not peaceful, it's hot. (Somsak – Interview)

In the following extract, Padee explains why she feels it is important for her to observe Buddhist practice:

We can't turn the switch on as soon as we are in the counselling room, it's important that we're able to live in harmony, which is not easy ... yes, it's hard even to be peaceful in the counselling room, but the teacher [her counselling trainer] said that ideally even outside the counselling room you have to be able to tune in to the world - [Noree: with everything around us], and doing Buddhist practice can give me the ability to do so, to help me to be a counsellor longer, not only in the counselling room. [Padee – Focus group]

The idea that “we can’t turn the switch on as soon as we are in the counselling room” again suggests that it is not simply a technique that can be applied: the person needs to be the counsellor, not just act the counsellor. In this sense, the two parts, the personal and the professional, cannot be separated. Padee regards being “peaceful” as important but challenging both in her professional and personal lives. However, she finds that her Buddhist practice gives her the ability to be peaceful not only in her therapeutic practice, but also in her personal life outside the counselling room.

Somsak, who practises vispassana, sees this practice as a useful tool in developing an understanding of Buddhist ideas. As a result of his practice, Somsaks feels that there is a shift in his understanding of the Buddhist concept of impermanence, from “superficially” to “wholeheartedly”:

Before I may have understood Buddhism superficially, I never did any Buddhist practice, never at all, and I thought I understood Buddhism, but actually I didn’t. [...] Buddhist practice helps me to understand Buddhist ideas. We won’t truly understand Buddhist ideas if we just study them theoretically [...] before I thought I understood the concept, but practice makes me see oh! Impermanence is actually like this, it does not only about know it superficially, I can’t explain how it feels like when knowing this wholeheartedly. (Somsak – Interview)

Here, Somsak reports that through vipassana practice, the Buddhist concepts that he had studied became deeply understood. For him, it is this embodied understanding of the teachings that brings about change and self-transformation, and Somsak believes that it is this self-transformation that helps to enhance his therapeutic competence:

Before, my counselling work was at a thinking level, I thought and then I saw oh ... this way was for this client, but my real self didn’t change, I was still moody, angry. But when I, as I said, practise vipassana, I can feel that inside me also changes. As a consequence of my practice, I can feel that I’m less moody, I have fewer expectations of something, and this has an impact on my counselling work, that is, I could more fully concentrate on my clients, and I could completely let myself be with the client, these things were really helpful. (Somsak – Focus group)

In this extract, Somsak explicitly links his vipassana practice to inner change (change in himself) and this brings about outer change (change in how he is with clients). More specifically, vipassana practice helps to improve his mood, in that it helps him to be “less moody”. This emotional improvement in turn appears to facilitate an increased level of

therapeutic presence. On the other hand, Manid feels that not observing her Buddhist practices can bring about the opposite result:

I feel that when I work with my clients, I need to concentrate, to be peaceful. I mean I can't have concerns and expectations, and when I don't have self-practice, my mind wanders easily. I mean when something enters my mind, it takes over. (Manid – Interview)

Manid attributes loss of self-control and concentration to her untrained mind and this untrained mind limits her ability to be fully present with clients. Noree's account below further extends this point: she feels that the lack of her Buddhist practice has a negative impact not only on her therapeutic work, but also on her daily life:

Sometimes when I didn't see my clients for a while, you know when I started to see them again, I had to dust myself off, as I wasn't used to being aware in my daily life either. So it's very helpful for me to have this career. Actually, I feel thankful for all of my clients who have come in my life. (Noree – Interview)

Here, Noree explicitly articulates the personal usefulness of practising Buddhist Counselling as encouraging her practice of self-awareness. For Noree, lack of self-awareness practice affects her ability to be mindful of herself and other things surrounding her. The lack of this practice, she feels, leads to a poorer professional and personal life. Given this, Noree expresses her gratitude to her clients who appear to help to motivate her to continue developing herself. Once again we can see that the personal development of the participants is felt to be enhanced by their professional development. Indeed, professional and personal developments are inseparable processes; they influence and affect each other.

Given the beneficial results of Buddhist practices, many counsellors considered regular practice over a period of time as necessary to cultivate and maintain the quality of mind. This is reflected in two counsellors' use of comparative language to highlight firstly, the importance of having a clear mind in therapy: "the clearer my mind is, the more perceptive I will be" (Padee – Focus group) and secondly, to stress the importance of maintaining regular mind training: "the more we practise, the sharper we will be" (Somsak – Interview).

5.4.3 Experiencing the effectiveness

All five counsellors attributed their motivation to practise Buddhist Counselling to its effectiveness both on themselves and on the clients they practised with. Denchai, who did

his counselling internship in the Tsunami areas in 2004, reported a positive experience of using Buddhist Counselling in working with severe cases, like Tsunami survivors. He found that Buddhist Counselling enabled him to help some of those survivors to feel some relief from their losses, and he regarded this positive result as good proof of its effectiveness:

At that time I felt that it was a serious problem, a serious loss. It was challenging and it proved that um when I ... I help people to see their reality of life by using Buddhist concepts, it can help them to feel relief and then can bring them to be able to do what they were doing more fully, not get stuck in suffering, they feel relief from suffering and can live their lives better. (Denchai - Interview)

The focus of Denchai's account on the positive outcome of Buddhist Counselling, and his perspective that "I help people to see their reality of life by using Buddhist concepts" raise the question of how Denchai applied Buddhist concepts to achieve this outcome. I think that Denchai's contribution in the focus group of how he worked with a tsunami survivor suffering from sea phobia, perhaps provides some answer to this question:

I listened and listened to him, understood and then helped him to notice his feelings and his life experiences, the feeling of sea phobia, the feeling of being afraid of living in the area ... in order to help him to gradually notice that his fear hadn't materialised and there was no sign of it, and then tried to help him to see that his fear came from his imagination, from scaremongering, and from his recent negative experience. (Denchai – Focus group)

Here, we can see that Denchai is trying to empathically engage in the client's experience and feelings, and help the client to gradually see the incongruence between his fear of the sea and the reality of the current situation. From a Buddhist perspective, Denchai is here trying to facilitate a shift in the client's focus from delusion to reality, and from the past to the present. Denchai also reports that in his therapeutic work he usually tries to explore "what surrounds them [the clients] and how they can use their surroundings to help understand themselves, and to reduce their suffering". For this client, Denchai found that there was a sense of happiness when this client talked about his current work. Below, we see how Denchai utilises some Buddhist concepts to work therapeutically with his client:

I listened to him talking about his current job and then tried to help him to see that he could use his job to help himself, I talked to him like this ... later he could manage his concerns and phobia, he started working again, did what he could do at that time, as during that time it was quite difficult to work, he began working as much as he could, I met him and talked to him, I could feel that he felt happy with what he was doing, he

could see the benefits of what he did, so I helped him to see more clearly that living in the present, and enjoying what he was doing could give him peace and confidence [...] I helped him to see his cheerful mind was a consequence of doing something useful, and this usefulness came from his job which he liked. Speaking in Buddhist terms, I helped him to see the usefulness of concentrating on his work, that this could bring peace, as his mind was in the present moment. I helped him to see that his work is the right work; in Buddhist terms we call this *sammāājīva* [right livelihood], that is doing a job which is not harmful to oneself or others, and it was a job that was suitable for him. [...] It was ... was like helping him to be more aware of his current life, and how hopefully this could help him to be strong in that difficult time. (Denchai – Focus group)

This lengthy extract is significant as it provides a clear illustration of how Denchai applied Buddhist ideas in his counselling practice. It presents Denchai's application of Buddhist notions which are: a) right livelihood (from the Eightfold Path), which is the notion that making a living should not cause harm to oneself or others; doing this can lead to a reduction of suffering; and b) living in the present moment, which is concerned with the notion that "acknowledging present-moment reality as it actually is, whether it is pleasant or unpleasant, is the first step towards transforming that reality and your relationship to it" (Kabat-Zinn, 1993, p. 261). These Buddhist concepts appear to help Denchai to see these Buddhist qualities in the client's stories and also to help to inform him about some ways of working to facilitate client improvement. In the above extract, Denchai works by helping the client to look more closely at and "be more aware of his current life", and helps the client to see his current work as an alternative and meaningful means "to bring himself out of the suffering" and to "have a stronger and livelier mind in the middle of the difficulty". Working in this way, Denchai reported some positive changes in this client. Perhaps not surprisingly, I think that this sense of achievement then gave him a sense of satisfaction and enthusiasm to continue practising this same approach after graduation. As he says:

This made me see that what I did worked; it was effective, so I felt it was a shame if I stopped doing it. (Denchai - Interview)

Noree and Somsak, like Denchai, attributed their motivation to practise Buddhist Counselling to similar positive client outcomes. Somsak's account below is like Denchai's and also Noree's in the use of functional language: cause (Buddhist counselling is effective) and effect (want to continue doing it):

When I do it and it works, I feel I want to continue doing it. Because the clients felt better, it was effective, their lives changed and they were happier, the same symptoms didn't come back. (Somsak - Interview)

From the result of my counselling work, I feel this is the work that is helpful to others, useful to clients who come to see me, and this keeps me continuing this work. (Noree – Interview)

For Somsak and Noree, positive outcomes from what they have done are rewards which provide them with “happiness and pleasure” (Noree) and consequently, an energy to keep practising this approach. Both Somsak and Noree regard these positive outcomes as “attractive” and this attracted them to work as Buddhist counsellors.

In addition, Denchai further reports that he can see the positive outcomes of his practice not only on the clients, but also on himself. In the following detailed account, Denchai looks back again at his counselling experience with Tsunami survivors and explains how practising Buddhist counselling helps him to see his own suffering and to find a way out of suffering:

During my internship, I had my own problem which was a broken relationship, and I felt so heavy that I had to do this counselling work. Suffering and losses of survivors, oh no! How can I say ... compared to mine the content of suffering was so different, but we all were suffering so much. [...] I was faced with suffering clients every day, different stories, but similar feelings – they didn't want to lose something, they didn't want things to change, they didn't want things to turn out like this, and they asked how they can live with these changes as they didn't want change. Er and me too [laugh] I felt the same. [...] I gave clients a chance to talk and to see things that at first were not so clear. The more they talked, the clearer they saw, and then when they saw things clearer and clearer, they then realised that yeah! it was true that whatever will happen, will happen. These are the words that we have heard since we were young, and when facing things, things were actually like this, whatever will happen, will happen. When they saw that things were like this, they couldn't reject them, and then they felt relief and could better accept what happened. The more clearly the clients can see their own suffering, the more clearly I can see my own suffering. (Denchai – Interview)

In Denchai's perspective, what he and his clients share is suffering. Despite different stories of suffering, the causes of suffering seem to be common between them, namely craving and attachment. Helping clients to look more closely at their suffering allows Denchai to look at his own suffering in the same way. Helping the clients to explore the available ways out of their suffering helps Denchai to be able find a way to reduce his own suffering as well. The

extract below captures more precisely the impact that practising Buddhist Counselling during his internship has had on him:

When I did my internship, I found by myself that it did work, it was practical, and the impact of it was felt not only on the clients, but also on myself. And the impact on myself was so clear, it was clear that oh something ... I can't explain that, but I felt like what the others said before, I felt happiness was like this, relief felt like this. [...] this even proved that we could achieve these conditions of mind through the use of Buddhist ideas. And the means to reach this condition are not limited only to the traditional ways, there are so many other ways and one of these ways is counselling. (Denchai – Interview)

For Denchai, the effect that practising Buddhist Counselling has on himself is “so clear”, yet seems to be difficult to articulate. He makes reference to his positive state of mind, and to “what others said before”, and this can be linked back to the previous theme. It seems to me that such a statement reflects the impact of his living in the Buddhist context, and this is possibly what Padee means when she talks about “the voices” of others that have been in her life. This seems to reflect a common belief in Thailand which is that following Buddhist teachings can lead to psychological well-being. For Denchai, practising Buddhist Counselling allows him to experience the “happiness” and “relief” expressed by others directly. However, for him, it is not only conventional Buddhist practices that can achieve this positive state of mind: Buddhist-informed counselling can generate this result as well.

While Denchai talked about the positive effects of practising Buddhist Counselling on himself as a result of working therapeutically with clients, Manid described the effectiveness of Buddhist Counselling in the opposite way. She felt that practising Buddhist Counselling enabled her to help herself psychologically first, and then as a result of this, she was better able to help her clients. To further justify this claim, Manid drew a comparison between her first degree in clinical psychology and her Master's degree in counselling psychology. In contrast to training in Buddhist Counselling, training in clinical psychology did not help her to help herself when having personal problems:

I felt that I studied clinical psychology, but I couldn't help myself. I felt when I was suffering, I couldn't manage. It may not be because the profession wasn't good. I may have been too young and I didn't understand it well enough, and the subject was about diagnosis, so this may be reason I didn't know what to pick up to help my mind. (Manid - Interview)

Manid attributes her inability to help herself at that time to her immaturity, and to the fact that the focus of her clinical psychology course was psychological diagnosis. The incapacity to help herself, despite having clinical training, frustrates Manid and raises doubts about her ability to help others psychologically. In contrast, studying counselling psychology and practising Buddhist Counselling gives her some Buddhist understandings, and these understandings enable her to help herself psychologically in her daily life:

What attracts me most is that it [Buddhist Counselling] gives me an ability to help myself, I mean it didn't only help me when I had a problem with my boyfriend at that time, but also in my daily life ... as I told you, as I observe myself, and as I am in this profession and understand some Buddhist ideas ... though I may understand these only at a verbal level, still they help me a lot.

In the following extract, Manid further describes how her self-help ability has a positive impact on her counselling work with clients:

I think being able to help myself is important, to help myself when suffering, it makes me faithful to the profession as I don't wear a mask and then do counselling. (Manid - Interview)

The above extract encapsulates the importance of personal development in counselling practice. For Manid, gaining the self-help capability increases her trust and commitment to the counselling profession in general, and more specifically to Buddhist Counselling. Elsewhere, it is this opportunity to develop herself alongside her professional career that makes Manid regard Buddhist Counselling as a "cool job" (she originally used this word) and that makes her feel "lucky" (โชคดี) to have come across Buddhist Counselling. The above phrase "I don't wear a mask and then do counselling" suggests congruence between what helps herself and what is offered to others. To me, this implies that being able to help herself increases her capability as a counsellor to be more real and authentic when working with clients. Again, this points to the idea that the counsellors' personal qualities can potentially determine the effectiveness of their practice.

To conclude, the counsellors in my study considered that developing themselves in Buddhist ways fosters their development of the skills and qualities necessary for practising Buddhist Counselling. They asserted that utilising the Four Noble Truths to understand their own suffering helped to strengthen their understanding of these concepts, and such understanding then helped to enhance their therapeutic competence to understand their

clients' suffering. Also, for them, Buddhist practices helped to foster their therapeutic presence. These therapeutic qualities, these counsellors believed, helped to contribute to their therapeutic efficacy. They also considered the time and energy that they devoted to their Buddhist personal development as significant for the quality of their therapeutic practice and as distinguishing the therapeutic competence of one counsellor from another.

5.5 Superordinate theme 4: The experience of difficulties

In this final superordinate theme, I present the difficulties that the counsellors identified in working as a Buddhist counsellor in Thailand. I would like to note that this theme was only identified in the individual interviews, and not in the focus group. This is due to the different focus of the questions addressed in the interviews and the focus group, as already mentioned in Chapter 4. The emergence of this theme can be linked to some questions in the interview schedule which invited the counsellors to talk about their experience of difficulties in their counselling practice.

5.5.1 *Unknown profession*

All five counsellors talked about the invisibility of the counselling profession in Thailand as a barrier which made it almost impossible for people to access and gain benefit from the counselling services. In the following extract, Denchai feels that although there is a need for counselling, most Thai people are not aware of the availability of the counselling service:

Generally, people don't know about us, but when I talked to some people who don't know about this, I found that they need us, but they don't know who is doing this kind of job. (Denchai – Interview)

As with Denchai, Somsak reports the unknown status of counselling in general and Buddhist Counselling in particular. However, unlike Denchai, Somsak does not feel that the majority of Thais recognise their need of counselling, and he attributes the lack of such need to the lack of knowledge and understanding about counselling and its role in Thai society:

Most Thai people don't know about counselling, and they also don't know why they need to talk to a counsellor, they don't understand. So our society knows very little about counselling. If they have a problem, they are more likely to talk to their friends, teachers, family and monks, rather than talking to a counsellor. I think counselling is still a very new concept for most Thais, it may take time for our society to fully recognise our profession. (Somsak – Interview)

Here, Somsak is saying that when experiencing a problem, Thai people are more likely to seek advice from the people they are close to or turn to the religious help, rather than seeking professional help. For him, counselling is still unfamiliar for most Thais, and more time is required for the counselling service to be more widely known in Thailand.

While Denchai and Somsak identify the problem for the counselling profession as a lack of recognition and feel that people are not sufficiently aware of the availability of counselling, Noree expresses the problem in terms of the difficulty of representation: she feels that the onus is on the profession to “get people to know about the service”:

When the clients come, there is no difficulty, but the main difficulty is to get people to know about the service. Abroad this may not be a difficulty as it’s already well established. (Noree – Interview)

In this extract, Noree attributes the unknown status of Buddhist Counselling to the fact that the counselling profession in Thailand is relatively recent. Below, Denchai further reveals that when it comes to the issue of mental health, people are more likely to “think of psychiatrists”:

When Thais talk about mental health, they normally think of a psychiatrist. They rarely know what a psychologist is, and especially what a counsellor does ... most of them ask who are they? (Denchai – Interview)

I think that the better recognition about the role of psychiatrists seems to reflect the dominance of the medical model in Thailand. As psychiatrists take the predominant roles in providing mental health services in medical settings, this makes the service more visible and accessible. Many counsellors also reported that most clients would normally not consider the mental health service until their psychological symptoms became “so serious”. Somsak, who provided a counselling service at a medical clinic, clearly illustrates this point:

Most of my clients don’t know about counselling, they come to the clinic because of their physical illness, and most of them don’t even know this kind of illness is called suffering, this is stress, and this illness comes from the mind. [...] There are few clients who ... who see the counselling service poster in front of the clinic and walk in directly. If they do, it means that their problems are so severe, and they can’t see any other way left. (Somsak – Interview)

The lack of awareness and knowledge about mental health among much of the Thai population is described in this extract. As Somsak says, while most of the clients who were referred to the counselling service initially came to the clinic seeking physical help, only a few

of them “walked in directly” seeking psychological help. However, if the latter did happen, it meant that “their problems were so serious, and they could not see any other way left”. Somsak seems here to be suggesting that the counselling service is used as a last resort for most Thai clients, a point that is in line with the clients’ account in the next chapter.

Some counsellors, Padee and Noree, also reported a stigma associated with psychological help-seeking in Thailand. They said that most Thais perceived the mental health service as a place for people with psychotic symptoms, and people who sought and received psychological help tended to be labelled “abnormal”:

Counselling in Thailand, it ... it’s still not widespread, as people who use the service are labelled abnormal. (Padee – Interview)

In Thailand, people still think that others, not they, should get psychological help, and they still think that the time to go to the service is when having psychotic symptoms. (Noree – Interview)

In the above extracts, Padee and Noree attribute the underutilisation of counselling to the social stigma associated with psychological help-seeking. Perhaps, due to the dominance of psychiatry over the counselling profession in Thailand, seeking a mental health service is linked to seeing a psychiatrist who treats people with mental illness. Such a perception may trigger negative attitudes towards people accessing a mental health service. For these two counsellors, this social stigma was one of the barriers blocking many Thai people from seeking counselling, a concern that is also expressed by the clients in this study which will be presented in the next chapter.

5.5.2 Insecure profession

Four counsellors explicitly linked the unknown status of the counselling service that they provided to their feeling of career insecurity:

When people don’t know about us, they don’t come, and this of course directly affects my income, and the security of my career. (Manid - Interview)

The most important obstacle is that people don’t know that there is this service available, and don’t know what counsellors do. That is the biggest. Another obstacle is the income. In terms of living, this makes life uncomfortable, and makes someone who chooses to follow this journey, I mean others not myself, return to other careers that are available in the society instead. (Denchai – Interview)

In the first extract, Manid reveals her difficulty in practising Buddhist Counselling in terms of the insufficient income as a consequence of its unknown status. In the second extract, Denchai explains that such insufficient income made it difficult for some counsellors to remain in the profession. Indeed, it pushes some of them to “return to other careers that are available in the society”. This situation brought about feelings of frustration and shame, as expressed by several counsellors:

In our country, the understanding about counselling is so little. I’m waiting, but I don’t know why I have to wait. Actually, I’m confident in the usefulness of the profession. That’s why I would like to open a counselling centre. If we don’t do it, there will be no such thing. And without such a thing, people still don’t know about the service. (Noree – Interview)

In this extract, Noree is expressing her frustration towards the lack of the service recognition. On the one hand, she is “waiting” with the hope that the profession will become more recognisable, and gradually have a space in the society. On the other hand, she does not want to passively wait for this recognition to happen; instead she expresses the desire to play an active role in establishing the profession.

Similarly, Somsak expresses his disappointment with the low popularity that his profession currently enjoys, despite the usefulness of it:

For me I feel it’s a shame. If Buddhist Counselling or even other counselling approaches can be widespread, I believe it can help a person feel better, and then the wider society will be better and better as well. It will make a big impact as the process of counselling goes to the root of the problem in the human mind. But the number of counsellors is quite small, and few people understand it, so it’s quite difficult for the clients to come to see us. (Somsak – Interview)

For Somsak, the influence of the counselling profession is not only limited by the small number of service users, but also by the relatively small number of counsellors. Due to the challenges of working within the profession, three of the counsellors (Denchai, Manid, and Noree) who work as full-time counsellors in their own private settings, reported facing a career dilemma: whether they should stay in the profession or not. However, despite struggling with these challenges, these counsellors said that they intended to remain in the profession as they believed in the usefulness of the counselling. Deciding to continue working as Buddhist counsellors, these counsellors believed that it was the starting point for creating “a space” for their profession in Thai society:

I felt that if I don't start, when will this profession have a space in this society? I then chose to work as a counsellor. (Denchai – Interview)

Choosing to stay in the profession, rather than leaving for another career, shows the counsellors' efforts to move the profession from an unknown to a better-known profession. This commitment to make Buddhist Counselling better-known may be reflected in their voluntary participation in my research. As discussed in Chapter 4, when I asked the counsellors the reasons for taking part in my research, all of them mentioned that they hoped that my research would help to generate useful knowledge about Buddhist Counselling and make Buddhist Counselling better known. The counsellors' participation in my research may thus be seen as a way for them to create "a space" for Buddhist Counselling. In addition, the counsellors' accounts presented in this chapter generally represent positive views about their practice of Buddhist Counselling. As Buddhist Counselling in Thailand has been recently established, and is not yet a secure profession, the positive claims made by these counsellors might be seen in part as their attempt to make a claim for the usefulness of the approach in order to support its survival and development.

5.6 Reflexive conclusion

In this chapter, I have given voice to the counsellors' lived experiences of practising Buddhist Counselling. In the process of giving voice to these counsellors, I found that I inevitably brought my own previous professional experience and my cultural knowledge to the endeavour of making sense of their experiential accounts. Making sense of their accounts, I felt that their conceptualisation of Buddhist Counselling was resonant with mine. Also, the counsellors' view that practising Buddhist Counselling enabled them to help both their clients and themselves when suffering mirrored my own experience. I also found that their accounts of the usefulness of applying the Four Noble Truths to investigate their own suffering are in line with my own experience. Moreover, the counsellors' identification of practising Buddhist Counselling as career insecurity reflected my career choice of not continuing to work as a professional counsellor. The relevance of my lived experience to their experiential accounts enabled me to deeply empathise with the meaning they conveyed and also to capture its nuances.

What amazed me most is the counsellors' revelation of the intertwinement of their culturally-embedded self and their experience of practising Buddhist Counselling. Among

such accounts, Denchai's detailed explanation of how his identity has evolved through his cultural embeddedness particularly resonated with my perspective. As I noted, prior to this research, I did not think of Buddhist Counselling, and indeed of counselling practice in general, as a culturally embedded practice. It was the dialogue with these counsellors that compelled me to rethink my taken-for-granted attitude. I also wondered if the counsellors had already recognised their practice as culturally embedded, or whether such accounts were also the fruit of our dialogue. Influenced by van Manen's (2004) concept of lived experience, I am tempted to consider such accounts as emerging from "the originary or prereflective dimensions of human existence" (p. 580).

For me, the counsellors' accounts of how they found Buddhist practices very useful both in their personal and professional lives were so inspiring. Such accounts told me that through Buddhist practices we can become a better person, a person who lives one's life mindfully and peacefully. This message drove me back to my practices of mindfulness and meditation that I had failed to observe since my Master's counselling training. In this sense, many of the counsellors' experiential claims are not only resonant with my previous knowledge and experience. They also expand my horizon of Buddhist Counselling and strengthen my moral vision that the Buddhist way of living is worth pursuing.

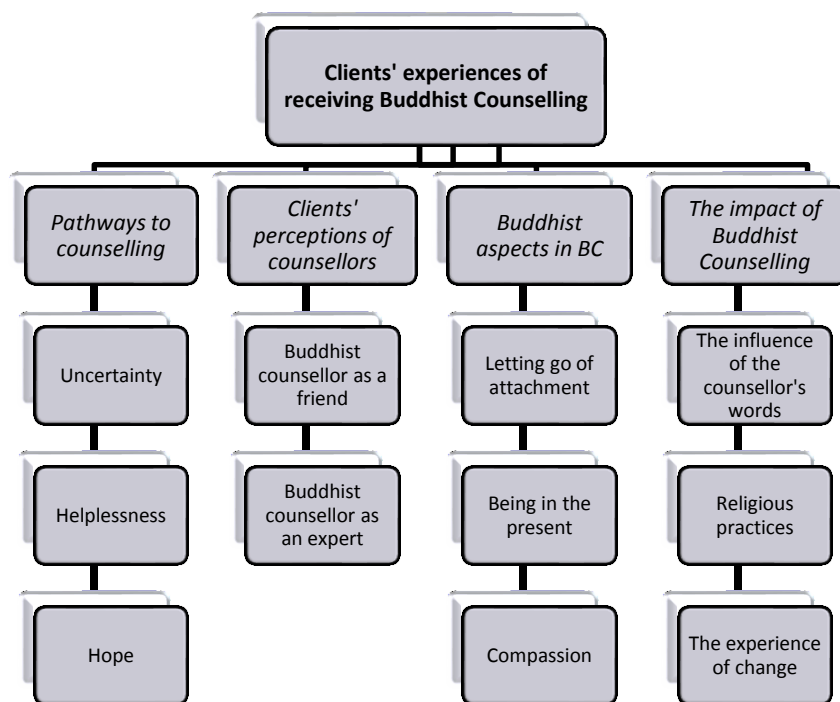
Chapter 6

Clients' experiences of receiving Buddhist Counselling

6.1 Introduction

In this chapter, I present the four superordinate themes (see Figure 2) identified from my analysis of the interview transcripts of the three Thai clients who received Buddhist Counselling. I present these themes chronologically, from the clients' pathways towards counselling to their lives after the counselling. A table which presents the frequency of each theme for the individual clients can be found in Appendix E.

Figure 2. Themes of clients' experiences of receiving Buddhist Counselling



The first superordinate theme, which I entitle “Pathways to counselling”, consists of three subthemes: “Uncertainty”, “Helplessness”, and “Hope”. They set the scene for the remaining themes as they describe the decision-making processes involved when the clients seek psychological help.

The second superordinate theme is “Clients’ perceptions of Buddhist counsellors”. Under this theme are two interconnected subthemes: “Buddhist counsellor as a friend”, and

“Buddhist Counsellor as an expert”. In this theme, I present the clients’ perceptions of their counsellors and explore how these perceptions had an impact on the clients’ experiences of Buddhist Counselling.

The third superordinate theme is “Buddhist aspects in Buddhist Counselling”, and comprises three subthemes: Letting go of attachment, “Being in the present”, and “Compassion”. Here, I present the clients’ sense-making of how their counsellors tried to help them.

The final superordinate theme, “The impact of Buddhist Counselling” consists of three subthemes: “The influence of the counsellor’s words”, “Religious practices”, and “The experience of change”. In these subthemes, I detail the clients’ descriptions of their experience of change and of how Buddhist Counselling brings about such change.

6.2 Superordinate theme 1: Pathways to counselling

In this superordinate theme, I introduce the various pathways of each client to counselling. They represent the complex process of clients’ decisions to seek counselling. Although this theme did not directly relate to the clients’ experiences of Buddhist Counselling, I wonder how we can understand the *whole* of the clients’ experiences without understanding this *part*. I thus did not feel that I could move directly to the next theme without an exploration of the clients’ journeys towards counselling.

It is important to note that as I knew that the clients participating in this study were not aware of the counselling orientation which they had received, the interview questions therefore did not specifically address their journeys towards Buddhist Counselling. Instead, the following three subthemes present the clients’ experiences of coming to see their counsellors.

6.2.1 *Uncertainty*

Two clients, except Sirin, mentioned a reluctance to seeking psychological help. In Wandee’s review of her pathway to counselling, she expressed doubts about the usefulness of therapy, and these doubts gave rise to her reluctance to seek psychological help:

At that time I didn’t have any idea about counselling, how it might help, that was my doubt. How could I feel better because of it? (Wandee)

In the following extract, Wande attributes her uncertainty about what to expect from counselling to “too little” available information about counselling in Thailand:

For me, if my niece hadn’t mentioned it, I wouldn’t have known, because information about this [counselling] in Thailand is little, too little. I didn’t have any idea about that before and hesitated to go. (Wande)

Here, Wande refers to her niece as having had an influence in her decision to seek psychological help. Below, she describes her initial reaction to her niece’s suggestion to seek therapy:

At first I said I wasn’t crazy, I wasn’t, I said that. My niece said it wasn’t like that, just talk to a counsellor and they will have some ideas for me ... before I thought it was like going to a psychiatric hospital, that’s what I understood. (Wande)

Wande expresses her understanding about seeking psychological help in terms of going to see a psychiatrist who treats “crazy” people (คนบ้า). I think that implicit in this extract is a sense that Wande is afraid of being stigmatised as crazy if she goes to therapy. According to this extract, the stigmatizing view of mental illness and seeking mental health help is another factor contributing to Wande’s ambivalence about getting therapeutic help.

While questions about the value of counselling and perceived stigma were Wande’s main concerns about coming to counselling, Meena expressed her concern in terms of the issue of confidentiality in counselling. Although Meena reported her recognition of her need for professional psychological help and made her own decision to begin counselling, she explicitly said that the issue of confidentiality gave her the most uncertainty about counselling:

At first I was afraid, afraid whether this would be confidential, if my stories would be disclosed. So, I directly asked the counsellor where she was working apart from the clinic, if my stories would be kept secretly. At that time I was so paranoid. (Meena)

I suggest that Meena’s concerns about the issue of confidentiality can be seen as an indication of Meena’s possible intention to open up, rather than conceal, her private feelings to the counsellor; what indeed concerned Meena seems to be the risks of doing so. While Wande and Meena both expressed their ambivalence about counselling, Sirin did not express any concern or uncertainty. This seems to reflect her position as a student in the field of psychology who is aware of the nature of counselling and what to expect from counselling.

Such knowledge and information may have helped to reduce some concerns about seeking counselling.

This subtheme has focused on what made the clients have reservations about entering into therapy. The next two themes look at factors that influenced the clients' use of the counselling service.

6.2.2 Helplessness

All three clients used the same Thai phrase “ไม่ไหวแล้ว” which I chose to translate literally as “cannot bear (ไม่ไหว) anymore (แล้ว)”, to indicate the overwhelming feeling of suffering and helplessness that led them to seek psychological help. In Thai, we tend to use this phrase to convey a feeling that we have actually tried to tolerate an unpleasant situation, but the situation is so unpleasant that we feel overwhelmed by it and now cannot tolerate it anymore. So, we need to find a way to fight for a better situation. Although the three clients' decisions to seek counselling were driven by their feeling of helplessness, each client's journey to counselling is individual and unique.

Wandee's pathway to counselling is not as straightforward as that of the other two clients. As noted in the previous theme, Wandee referred to her niece as the person who introduced her to the idea of seeking psychological help. The next extract shows that while her niece influenced her, what actually brought her to the counselling was her own “serious symptoms” (อาการหนัก):

I told my niece that okay I would try, but I didn't go immediately. It took me quite a long time to decide, it wasn't until I got more serious symptoms. (Wandee)

It appears that Wandee's conceptualisation of her serious symptoms is physiological, not psychological. She reported feeling “tired in my heart” when she could not stop worrying, and she attributes this symptom to having heart disease. It is not surprising that this understanding then led her to seek medical help from a GP. After seeing her GP, Wandee said she received some medicine to help her get to sleep in order to stop worrying, and she kept taking so much medicine that she felt she “could not bear it”:

When I have symptoms, they are so severe. At that time they were so severe that I couldn't stop thinking, and I only took and took medicine until I felt I couldn't bear that suffering. (Wandee)

The amount of medicine taken seems to relate to the severity of Wandee's symptoms: in saying that "she takes medicine until she could not bear it", I think that Wandee is suggesting that her symptoms are so serious that she takes a lot of medicine until she feels that she cannot tolerate her suffering anymore. Despite taking medicine, Wandee reported that her symptoms did not improve and this made her even more certain that her symptoms were caused by "heart disease", and this led her to find a new way of helping herself through having a heart check-up:

I told my GP that I must have heart disease, but the results showed that my heart was fine. When I knew the result, my worries about this disappeared. At first I thought my problem was physical, but it wasn't ... My GP didn't want me to take medicine all my life, he wanted me to get some help. He asked if I was ready, I said yes, then he made an appointment with a counsellor for me. (Wandee)

In this extract, Wandee's assumption about her physical problem is challenged, and this new recognition leads her to begin seeing her real problem as mental rather than physical. It is this recognition that leads her to an acknowledgement of the need for professional psychological help. So, it is possible to say that Wandee opts to go to counselling only after other attempts at a solution failed. In the case of Wandee then, while the social influence of her niece seems to have a significant influence on her decision to seek help, she seems to emphasise that it was the self-recognition of the severity of her symptoms that eventually brought her to counselling.

The role of the social influence of others on the willingness to seek professional help is also expressed in Sirin's account. She referred to her boyfriend, who was a former mental health service user, as an influential person who encouraged her to seek counselling. Sirin also indicated that she was a student of "this subject", implying that she knew what counselling was like. These two factors seemed to help determine Sirin to seek psychological help:

I had a problem that I didn't know who to talk to about, and my boyfriend suggested I should try counselling. I am also studying this subject, so I then decided to go to talk to him [her counsellor]. (Sirin)

While initially acknowledging social influence on her intention to seek help, it is clearer later that it was Sirin being overwhelmed by her problems that led her to make the decision

to enter into counselling. This can be seen in the following extract when Sirin further recalls her pathway to therapy:

I: You said that your boyfriend influenced your decision to counselling. Could you tell me more about that?

S: Yes, he suggested it. He told me that ... I told him my problem but he couldn't help so he told me that I should try talking to a counsellor and I might feel better. At that time, I didn't know what to do, and my problem became so serious that I couldn't bear it anymore, so I gave it a try. (Sirin)

In the following extract, answering my question if in the future she would consider seeing a counsellor, Sirin said that she would return to her counsellor only when she saw no other way left, or in her own words, when "it's all dark" (ถ้าทุกอย่างมันมืดไปหมด):

If it's all dark, if I can't talk to anyone, if I can't bear anymore, I will talk to him (her counsellor) again. It is like he is my last resort. (Sirin)

Here, Sirin also uses the phrase "I cannot bear" to indicate her consideration of counselling as her last resort. This means that she will seek counselling only when she has had enough of her problem. All the sentences above repeatedly point to the condition of helplessness, indicating Sirin will seek professional help only when there is no other social help available, and when she is overwhelmed by her problem. Sirin's anticipation of her future help-seeking behaviour seems also to reflect her previous help-seeking: it is the feeling of helplessness that brought her to the counselling.

Unlike the other two clients for whom the idea about seeking help was influenced by their social networks, Meena reported her recognition of the need for professional psychological help and indicated her own decision to seek counselling. In order to make sense of this account, it is helpful to note Meena's background. According to Meena, she was a single, middle-aged woman, and had lived alone for a long time, ever since her parents had passed away. Given the reported condition of her lonely life, I think that it is not surprising that counselling appears to be Meena's last and only resort and one that she "would grasp immediately" (คว้าทันที) when she "could not bear it anymore". As with the other two clients, in the next extract Meena indicates an overwhelming feeling of suffering and helplessness that makes her desperately seek professional help:

I felt hopeless, anything that could help, I would grasp immediately, I even had suicidal thoughts, I got depressed. I could not bear it anymore. (Meena)

6.2.3 Hope

All three clients similarly mentioned that they came to counselling because they believed it offered some possibility of life improvement:

I went to see the counsellor as I hoped to have someone who could guide me, or help me to see how I should deal with this problem. (Sirin)

So I tried [counselling] and hoped this could help me stop taking medicine. (Wandee)

I came to see [the counsellors' name] as I wanted to be like a normal person. (Meena)

These extracts imply that the clients bring some hope of change to the counselling. In the first extract, Sirin hoped that in going to see her counsellor she would receive some advice that would enable her to deal better with her situation. In the second extract, Wandee hoped that counselling could help her to “stop taking medicine”. For her, the state of needing no medicine is the state of being healthy or at least not being sick. This implies that Wandee brought the hope of feeling better to counselling. In the last extract, Meena came to counselling with the hope that it could help her, in her own words, “to be like a normal person”. I suggest that this succinct phrase reveals Meena’s self-perception at the time of seeking counselling. The psychological symptoms which she was experiencing may have been so intrusive that Meena felt that she was not normal in comparison to herself in the past, or to other people. Wishing that counselling could help her to be like a “normal” person, Meena is suggesting that she came to counselling with a strong desire to make a life shift from being an abnormal to a normal person.

Meena’s account, which will be presented in the next extract, provides a good illustration of the role of hope on her help-seeking behaviour and on the counselling process. To better understand Meena’s account, it is helpful to refer to the contextual background of this account first of all.

As I presented in the theme “Uncertainty” (6.2.1), Meena reported her concerns about confidentiality, and these initially made her reluctant to use the counselling service. This same issue was also her initial concern about taking part in my research. When I first contacted Meena on the telephone she expressed her concern about the issue of

confidentiality. She said that this issue worried her very much and asked if her name would be kept confidential if she participated in my research. After I assured her that her name and other identifiable information would be removed or changed, she agreed to take part. Initially, I was concerned that as the issue of confidentiality seemed to be Meena's principal concern, she might not feel free to talk openly and freely with me, and this would undoubtedly affect the depth and richness of the data she would provide. Due to this concern, in our meeting I took great care to explain about research ethics and to ensure her comfort. Meena said that she trusted the conduct of my research and encouraged me to feel free to ask questions. In our conversation, I could clearly feel this trust that she mentioned. She shared very personal stories and feelings with me, especially when recalling distressing moments in her counselling.

As with participating in the research, when making her decision to begin counselling it appears that Meena's anticipated fear of self-disclosure is reduced through the counsellor's promise of confidentiality. Such a promise, combined with her wish to get better, seems to help build Meena's trust in her counsellor and facilitates a change in her attitude towards self-disclosure from seeing it as a potential risk to a potential benefit. The lengthy extract below gives some of Meena's reasons for her openness:

I: How did you feel about your experience of talking to your counsellor?

M: Er I felt there was someone who understood me, helped me, and listened to me untiringly. Not like when I talked to others, I felt they got bored of me, as I kept talking about the same thing over and over. But with my counsellor I could talk to her openly. With others I won't do that and I still keep something secret. But with her I told her everything.

I: What made you feel comfortable to tell her everything?

M: She told me that she would keep what I told her confidential, as you said to me. Then I felt free to talk, I believed what I was told as I thought this is professional ethics, so I felt free to talk, and I thought there was no better way than this. If I concealed something, the treatment may go astray. So I needed to tell her everything openly if I wanted to be well, so I talked openly. (Meena)

By revealing everything, Meena opens herself up to the help of her counsellor. In other words, Meena seems to use self-disclosure in her counselling as a way of achieving the goal of "being well".

This superordinate theme has shown that the clients' decision-making involved the clients' attempting to weigh up the potential benefits (i.e., the possibility of life improvements) and risks of seeking counselling (i.e., stigma and breach of confidentiality). Indeed, the clients sought counselling out of a hope and a need for relief from suffering. More precisely, the perceptions they had of the severity of their problems, their feelings of helplessness, and the benefits that they expected to see from counselling, all appear to play a significant role in the client's decision process of seeking counselling.

6.3 Superordinate theme 2: Clients' perceptions of Buddhist counsellors

In this superordinate theme, I present the clients' perceptions of their counsellors. The clients talked extensively about the personal qualities and interpersonal skills of their counsellors, and how these qualities had an impact upon the relationship they had with the counsellor, and upon the outcomes of the counselling they received.

6.3.1 *Buddhist counsellor as a friend*

All the three clients felt that their counsellors non-judgementally listened to them and understood them. As such, they felt that they could talk freely without having to hold anything back. Two clients explicitly referred to their counsellors as being like friends: like "a true friend" (Sirin), and "a close friend" (Meena). By using this word, I think that these clients meant that the counsellor possesses qualities of friendliness, such as empathy and trustworthiness, that gave them a sense of comfort, acceptance, and which made them feel safe. Below, Sirin describes what the counsellor did in the counselling that makes her refer to him as a "true friend":

If I compare him with a friend, he was like my true friend who understood me, who listened to me attentively and uninterruptedly. He used his voice very well - when I was sad, his voice sounded sad as well, following my emotion ... no matter if I was right or wrong, he listened to me. There was no interruption. He was a part of me, a part of what I was facing. (Sirin)

Here, Sirin seems to differentiate the term *friend* from a *true friend*. For Sirin, a true friend is a person who is "a part of me, a part of what I was facing". I think that this expression powerfully captures Sirin's experience of her counsellor as being profoundly connected to her. Unlike the true friend of her counsellor, a friend for Sirin is someone who would just passively listen to her, and thus cannot "truly" understand her. As she further articulates:

Suppose that I told someone or told my friends about my problem, my friends would just listen to me but they wouldn't truly understand me. (Sirin)

I suggest that explicit in this comparison is a sense that Sirin has a preference for talking to the counsellor, whom she feels not only pays greater attention to her, but also more truly understands her than her friends. The word "truly" in the above extract is translated from the Thai word "อย่างแท้จริง". Sirin is using this word to emphasise the feeling of being understood by her counsellor; unlike friends, her counsellor can deeply enter into what she is feeling and experiencing. For Sirin, it is this genuinely caring and trusting relationship that makes talking to the counsellor special and distinct from talking to friends.

Similar to Sirin, Wandee also frequently made comparisons between talking to the counsellor and to friends. However, unlike Sirin, instead of describing the similarities between her counsellor and her true friends, Wandee pointed to what made talking to the counsellor different from talking to friends:

It [counselling] was like two people exchanging their ideas, but I met someone who was professional. I suppose if I talked to my friends, they may understand me, but they would just listen to me, but talking to the counsellor, he didn't only truly understand me but also guided me how to think about my problem, but he asked me first ... for example about my children, he asked me first what I thought. I told him that I had expectations of my children, I brought them up, I loved them ... he then asked me if I could live with my children forever. Umm ... it was like he gave me an insight which was ... was exactly suitable for my problem. (Wandee)

Saying that the counselling is like a meeting of "two people exchanging their ideas" suggests that Wandee sees talking to the counsellor as similar to having a conversation with a friend, but one which differs in its processes and outcomes from normal conversation with friends. More precisely, Wandee, like Sirin, also uses the Thai word "อย่างแท้จริง" ("truly") to differentiate being understood by her counsellor from being understood by her friends. Wandee feels that the active response of the counsellor makes talking to him different from talking to her friends. For Wandee, while friends would passively listen to her, the counsellor actively listened and responded to her. A conversation with a friend about a problem remains largely superficial and leads to nothing, whereas a conversation with her counsellor is deeper and leads to some insight.

Another client, Meena, also makes a comparison between talking to the counsellor and to other people close to her, and she offers her own reasons why she gives greater value to talking to the counsellor than to others:

She listened to everything I said, she didn't get stressed; I didn't feel I caused her any trouble. But talking to others like my siblings or my friends, I'm concerned that they may get stressed, they may feel I'm crazy, as I keep talking about the same story, I'm afraid that they may think that. (Meena)

According to Meena, unlike other close people, the counsellor listens to her non-judgementally, and does not give her the impression that she is a burden. Given this positive experience of her counsellor, it does not seem surprising that Meena described her counsellor as "a close friend", whom she felt understands her and whom she felt comfortable talking to:

She was like a close friend who understood me and who I could say anything to. I feel like I've got a friend who I felt understood me and was always with me. (Meena)

Like the other two clients, Meena places a high value on the feeling of being understood by the counsellor. In this extract, there seems to be a link between the feeling of being understood and self-disclosure. It seems that the feeling of being understood by her counsellor leads Meena to greater self-disclosure. Perhaps this self-disclosure in a trusting relationship brings about the feeling of closeness which Meena experiences with her counsellor. In this respect, Sirin's account helps to make further sense of the relationship between the feeling of being understood and self-disclosure.

Of the three clients, Sirin most explicitly expressed the significance of being accurately understood by the counsellor. It seems to her that it is this accurate understanding that makes the therapeutic relationship therapeutic. In her review of what she found least helpful in her meeting with the counsellor, Sirin reported that she came to the counselling with an idea that a counsellor would "always" be able to accurately reflect her feelings. However, in her actual experience of meeting with the counsellor, she felt that she did not always receive what she expected. In the following two extracts, we can see how, for Sirin, the accuracy of the counsellor's reflection of her feelings makes a significant difference in the therapeutic outcome:

When I talked and talked, but he didn't accurately reflect my feeling, I felt it was not like that, you didn't listen to me, or you didn't understand what I said. I felt like that, I felt ... felt upset. This didn't often happen, but when it did, I felt upset. (Sirin)

When he reflected what I actually felt, I wanted to talk more. I wanted to talk to a person who understands me. If not, I didn't want to talk ... when he could get to my real points I felt glad that I was right to come to see him, I felt er there was someone who understood my problem, my feelings, I could smile. I remembered that this made me feel smiley. (Sirin)

These two extracts focus on the role and the impact of accurate reflection on the therapeutic relationship. In the first extract, Sirin clearly expresses a feeling of being upset when she feels that the counsellor does not accurately respond to her. Such inaccurate reflection received from the counsellor appears to block Sirin from self-disclosure. In contrast, in the second extract, Sirin values moments when she feels the counsellor accurately understands her. This accurate reflection appears to encourage her to deeper self-exploration and self-disclosure. Accurate reflection by the counsellor can thus be seen as fundamental to building a solid relationship between the counsellor and client. This solid therapeutic relationship is in itself a source of healing. Sirin's expression that feeling that she is being understood makes her "feel smiley" is an example of this.

To conclude, the clients appear to value talking to a counsellor who allows them to feel cared for, trusted, and understood. It is the interpersonal skill of the counsellor that facilitates the clients' sense of self-worth and relief, and that makes talking to the counsellor different from and more special than talking to other people. The next sub-theme will further present the clients making sense of what for them makes talking to the counsellor more productive and helpful than talking to others.

6.3.2 Buddhist counsellor as an expert

The terms *knowledgeable* and *smart* were frequently mentioned when the clients described their perceptions of the counsellors. For all three clients, it is the professional skill of the counsellor that makes talking to the counsellor different from talking to other people; however, each client addresses this issue in a different way. Sirin's perception of the counsellor as a "knowledgeable" person appears to help build up her trust in the counsellor:

The word counsellor means this person is knowledgeable, a person who is ready to listen to people with problems. The counsellor studies to listen to our problems, so I trusted

him as he had experience, he studied and he gave the counselling service to others, he knew how to talk and to be with me, and this made me trust him and believe in him. (Sirin)

In this extract, Sirin is making sense of what makes her trust the counsellor. She seems to make a link between the counsellor's interpersonal skills ("he knew how to talk and to be with me") and his specialised training ("he studies to listen to our problem"). In other words, Sirin is attributing her trust in the counsellor to his having expert interpersonal skills. It is possible then to say that Sirin's perception of the counsellor as trustworthy is influenced by her perception of him as an expert.

Likewise, Meena also seemed to perceive the counsellor as an expert from her specialised training and from her ability to understand her. It seemed to be this perception that made Meena trust her counsellor:

She [the counsellor] studied so she knew about psychological symptoms, um if this person has this symptom, and that person feels like this. When I talked in circles, she said don't worry, she understood my symptoms. She understood me as she studied a lot, I then felt free to talk to her as I knew that she believed what I said. But talking to others, they may not believe me. But talking to the counsellor, she understood, so I could say anything to her as she understood and believed me. (Meena)

Here, Meena is expressing her perception of the counsellor as an expert whom she believes specifically studied to understand psychological symptoms, and thereby can understand her. It appears that the feeling of being understood and trusted by her counsellor, in turn, makes Meena trust and then open up to her counsellor. In essence, from this extract, we can see that firstly, Meena attributes the counsellor's empathy ("she understood my symptoms") to the counsellor's specialised training ("she studied a lot"). Secondly, she attributes her trust in the counsellor ("I could say anything to her") to the counsellor's empathy ("she understood me and believed me"). It is these qualities that appear to have made a significant contribution to Meena seeing the counsellor as a credible source of help.

While Meena seems to perceive the expertness of the counsellor from his ability to understand her, Wandee's perception of the counsellor's expertness is linked to the counsellor's ability to identify her problem. As Wandee says:

When I suffered, I often tried to identify what my real problem was, but I didn't know. I went to see him [the counsellor] without knowing what my real problem was, I just knew

that I was so worried and so stressed, and felt so weak, but when I talked and talked and talked to him um ... he was so smart, he was able to point out why I was suffering, and why I despaired, which I couldn't identify by myself. (Wandee)

Prior to the counselling, Wandee says that she tried to make sense of her problem, but struggled in her attempt. Seeing the counsellor, she received an identification of her suffering as something caused by her high expectations of her children. It seems to be that the counsellor is able to do what Wandee could not do for herself, and this leads to her description of the counsellor as "smart" (စဉ်း). The next extract further shows how Wandee's perception of the counsellor as an expert has an effect on her attitudes towards her problem:

He told me things and what he said sounded reasonable, while listening to him I felt yes that's right [...] when talking to my friends, they just talk and talk like "yes, that's the same as my child, your child too". For the counsellor, he didn't talk like that. He asked 'will you get old and die? How will your children live?' ... If I hadn't seen him, how could I know how to think, I couldn't have known. (Wandee)

We can see here again that Wandee is making a comparison between what she and her friends cannot do and what her counsellor can do. Unlike friends, Wandee feels the counsellor can show her how to think differently and put her life into perspective. It seems to be this skill of the counsellor that influences Wandee's perception of the counsellor as an expert.

In this superordinate theme, I found it problematic separating the clients' accounts of the interpersonal skill of the counsellors from their descriptions of the expertness of the counsellors. In fact, these clients appeared to attribute the counsellor's expertness to their interpersonal skills. Reviewing the clients' descriptions of their therapy, and their counsellors, I feel that the clients were trying to tell me about the ordinary, yet unique and special relationship that they had with their counsellors. They all made use of a comparison between talking to their counsellors and their friends or siblings to point out the similarities and differences of these two relationships. For these clients, talking to the counsellors is not fundamentally different from talking to others, but it is different in terms of the quality of talk. The distinct quality of talking to the counsellors was characterised by the counsellors' sensitivity, attention, trust, accurate reflections, and accurate identification of the problem. It seems that all the clients felt that such qualities of the counsellors made counselling distinct from, and indeed more therapeutic than, any of the other kinds of relationship that they had outside of therapy.

6.4 Superordinate theme 3: Buddhist aspects in Buddhist Counselling

This superordinate theme emerged as a result of the clients' reflections on how their counsellors responded to the concerns that brought them to therapy. In reviewing the clients' accounts of this issue, I found three main Buddhist concepts embedded in all three accounts; Letting go of attachment; Being present; and Self-compassion. This theme further explores how Buddhist Counselling works from the perspective of the clients.

6.4.1 *Letting go of attachment*

The Buddhist idea of *letting go* is experienced by all three clients. Each of them reported that their counsellors tried to help them to see the cause of their suffering, namely, that it is a result of them clinging on to their own desires (i.e., their past, their expectations, and their wishes). According to the clients, the counsellors seemed to feed in the idea of letting go of attachment as a means of finding relief from suffering.

As previously mentioned, Wandee said that she did not know what made her feel despair prior to the counselling. Through talking to the counsellor, Wandee appeared to acknowledge his identification of her suffering: it was her unfulfilled expectations about her children that made her suffer:

It was like I had high expectations of my children. I had brought them up on my own, so, when they grew up, I felt I should be able to rely on them, but it was not like that. When my children were young we lived happily together, despite them not having a dad. But when they grew up and had their own relationships, everything changed, but I couldn't accept that change. I think as I couldn't accept the situation, my suffering increased day by day until I couldn't bear it. (Wandee)

Here, Wandee is making sense of what made her suffer. She acknowledges that her suffering is a result of the "high expectations" she had of her children which were not being met. From the Buddhist perspective of the causes of suffering as described in Chapter 2, these high expectations are part of Wandee's attachment to an idea of what her children should be, and this attachment is seen to lie at the root of her suffering. Answering how the counsellor helped her regarding this, Wandee offered the following:

In my case, my problem was about my children. The counsellor asked me if I could live with my children all my life, No! I can't live with them forever. I accept that I suffered because of my children; they didn't live up to my expectations. The counsellor told me

that I can't live with them forever, one day we would have to separate. So how should I think and behave with my children? I knew that I had to let them be free. Before, I couldn't think like this, I always had a strong idea how things should be, but it wasn't like that, I couldn't always direct my children. (Wandee)

In this extract, Wandee appears to have been directed to the Buddhist idea of impermanence by her counsellor ("I can't live with them forever, one day we would have to separate"), perhaps in the hope that this may facilitate her letting go of her attachment to her children. In the Buddhist view, the nature of things is in flux and impermanent. Clinging on to the impermanent things means we are bound to suffer. In order to reduce our suffering or to be free from suffering we need to release our mind from the cravings we are attached to. Appreciating the impermanence of things is believed to enable us to let go of our attachments. Embracing the idea of impermanence and letting go, Wandee felt that she gained a different outlook on her problem and she felt that this new way of thinking offered her some relief:

The counsellor showed me a different way of looking at my problems, and this helped to relieve my worries. Without him, I couldn't have thought in this way. (Wandee)

The above extract shows how the Buddhist idea of letting go plays a role in Wandee's psychological improvement. By changing the way she perceives the situation, from seeing her unsatisfying children as problematic to seeing her expectations and attachment to these expectations as problematic, Wandee feels that she finds some relief.

Another client, Sirin, stated that her family problems had brought her to see the counsellor. She said that her dad was an alcoholic, her grandmother had cancer, and her aunt had just been sent to the prison. For Sirin, these family situations seriously upset her. At one point Sirin showed her initial feelings about her problems:

I felt like no one is like I wanted. When I first knew about the problems, it was really dark. Really? I felt it should not have happened. I couldn't accept it. (Sirin)

In this extract, Sirin is talking about her struggle to come to terms with her problems prior to the meeting with the counsellor. Using the word *dark* (มืด) to describe her feeling towards her problem, Sirin is expressing a feeling of despair. It seems to be this feeling that brought her to see the counsellor. The next extract shows Sirin making sense of how her counsellor tried to work with her on this problem:

I: What did the counsellor do that made you feel that you understood your problem more, as you just said?

S: It was like he tried to help me to accept the situation ... what had already happened. It was like I told him about my problems, I talked a lot and when I finished eventually he said "Sirin...this is what already happened". It was like he tried to help me to be aware of my situation. It was difficult to direct things and people in the way I wanted. [...] This helped me to be able to see my problem more clearly, that it already happened. If I don't accept what has already happened I will still get stressed. If I get stressed, the stress will affect my study. If I am unwell, this may create more problems for my family, so I need to be strong, and to accept what has already happened. (Sirin)

In this extract, what Sirin's counsellor does is to make her aware that she cannot change the past, and then feeds into the session the idea of letting go and accepting the past. Talking to the counsellor, Sirin reports that it makes her realise that there is no better solution for her in this situation than to accept it. According to Sirin, refusing to accept the past she cannot change causes her stress and this stress can result in other problems. In contrast, Sirin believes that accepting her present situation can empower her life.

Moving onto the third client, Meena used the phrase "a broken heart" to describe the main problem that brought her to therapy. According to Meena, she fell in love with her employer, a married man. When he left his position, his relationship with her also ended. As a result of this, she lost her self-worth, criticised herself for the relationship, and was also afraid of being criticised by others. She also reported that she suffered from anxiety, especially about what others might think about her. The next extract captures Meena's feeling towards her problem and herself: "I was missing him and the past, I feel I was wrong, I was bad". Describing how the counsellor responded to her concerns, Meena offered the following:

S: It was a comfort and it was about referring to something reasonable, this made me feel relief.

I: Could you give me an example?

M: I felt she understood me the way I was ... and sometimes she also referred to ... what is it called? ... She used the well-known monks' and the Buddha's teachings, she gave me examples about those teachings – let things go, and don't cling too much. For example, I tried not, not to think, and then it disappeared. The counsellor gave me an example about blowing out air to make things brighter, you just keep blowing, it will finally disappear.

I: What did you mean by blowing?

M: Blow, for example, if there is a grey cloud, you blow it, it's something that Buddha taught his son, and then it will gradually disappear; if it happens again, blow again and then it will disappear and it will be brighter and brighter.

I: Could you explain what this means in practice?

M: This means practising our mind; if we don't think, it will gradually disappear; if we think about it, we stop, um thinking and then stop; if someone knocks on the door, don't pay attention, something like this, and then it will gradually disappear. The problem, if it knocks on our door, just don't open it or let it come inside. (Meena)

This long extract is necessary here for we can see that as the dialogue develops Meena's meaning becomes clearer. In this extract, Meena initially attributes her feeling of relief to the counsellor's reference to "something reasonable". It becomes clear to me later in the extract that something reasonable, for Meena, is Buddhist teachings, or more specifically the idea of letting go. Meena's description of how the counsellor helped her reminds me of the Buddhist concept of mindfulness. In other words, I understand that the counsellor introduced the concept of mindfulness to encourage Meena to let go of her automatic thoughts. I also think that the counsellor's adoption of this concept is influenced by a belief that observing thoughts in a non-judgemental way can help the client to be less automatically reactive to automatic thoughts and to step out of suffering.

What is noticeable in Wandee's and Sirin's account is that their counsellors appear to feed in, rather implicitly, some Buddhist psychological ideas. However, according to Meena, we can see that her counsellor seems explicitly to incorporate Buddhist concepts in the counselling process. In my view, such difference in counsellor practice seems to suggest that different counsellors have their own ways of working with clients.

6.4.2 Being in the present

All the clients reported that they were encouraged by their counsellors "to be present", yet were directed to such an idea in different ways. Being in the present is one of the key concepts in Buddhism. Being present in this context means being mindfully aware of what is happening right here and now, rather than dwelling on the past or the future, thereby being able to control our automatic and habitual patterns of thinking.

The following extract gives Sirin's description of how she was encouraged to be aware of her current situation and to pay attention to what she could do with her family problems, in the present moment:

He tried to help me to be aware of myself and of what the current situation was. He let me think on my own ... He asked "what do you think you can do at this moment?" And what I could do at that moment was to accept the reality, as I can't change the past but I can now give my family support as best as I can. (Sirin)

In this extract, Sirin is saying that the counsellor's question facilitates the movement of her attention from being obsessed with the past to paying more attention to what she can do in the present.

Religious practices also seem to be introduced by the counsellors as a means for the clients to develop their own ability to be in the present, thereby relieving them from automatic negative thoughts. It should be noted here that although I will revisit the issue of the clients' religious practices in the later theme "Religious practices" (6.5.2), the focus of my presentation of this issue in this theme is different: while this theme presents the clients' accounts of what happened in the counselling room, the later theme addresses the role of the clients' religious practices outside of the counselling room.

Returning to the clients' accounts of the counsellors' recommendation of religious practices, Meena reported that her counsellor introduced Buddhist meditation in the counselling room as a way to quieten the mind in her moment of crisis:

When I kept talking about the same things the counsellor encouraged me to be mindful, to focus on the present. She also taught me how to do meditation. In the meeting, I felt terrible I wanted to die, I couldn't think, my head was heavy. She then said okay, try meditating, and she guided me how to do it. At that time, while I was doing it, I felt better, I could speak, I stopped crying. Oh, it was great. She also suggested trying chanting and meditating at home to calm my thoughts down. (Meena)

According to Meena, she is taught how to meditate in the counselling room, and she finds this meditation effective in relieving her suicidal thoughts and calming her mind down. I understand that it may be this lived experience of the usefulness of meditation that becomes the starting point for Meena's incorporation of Buddhist practices, as recommended by her counsellor, into her daily life. I will further explore this issue in 6.5.2.

Unlike the other two accounts, in Wandee's account there is no direct expression by the counsellor about the Buddhist idea of being present. Nevertheless, Wandee, who identified herself as a Muslim, mentioned that her counsellor asked what she normally used as a means for self-healing. After discussing her Islamic chanting with the counsellor, Wandee was encouraged by her counsellor to continue doing this religious practice at home as a way for her to feel at peace:

When I really suffer, Islamic chanting and breathing helps me. After seeing the counsellor last time, I always chant. [...] When I met him, he asked me what I normally did to help myself, and I told him about chanting. We had some discussion about that and he encouraged me to continue doing it, as it may help me to be peaceful. (Wandee)

Supporting Wandee's religious practice, the counsellor seems to be trying to encourage her to increase her ability to be present through these practices. Again, I will further explore Wandee's incorporation of her religious practices outside of the counselling room and their role in her psychological healing in 6.5.2.

To summarise, according to the clients' accounts, we can see that the Buddhist concept of being present is utilised by all the counsellors in their work with the clients, but in different ways. Sirin's counsellor seemed to apply this idea subtly through encouraging her to focus more on what she could do in the present. In contrast, Meena's account indicated that she was directly introduced to meditation in the counselling room, and she was also encouraged by her counsellor to observe Buddhist meditation and chanting at home. In Wandee's account, she was supported by her counsellor to enhance her ability to be present through her Islamic practices. According to these accounts, I think it is possible to say that although the same Buddhist concept was applied uniquely into Buddhist Counselling, the aim of this application was common to all. That is, this concept is used to facilitate the clients' psychological movement from being obsessed with the past to being focused on the here and now moment. Implicit in the idea of being present seems to be the idea of letting go of attachment and of the past. That is, in order to bring one's own mind to be aware of the present moment, one needs to be able to leave any attachment to the past aside. I think that the counsellors' application of this idea is largely informed by the Buddhist belief that enhancing one's ability to be present is one significant way of relieving one's own suffering.

6.4.3 Compassion

All three clients reported they had a more positive view about themselves and their life circumstances as a result of seeing their counsellors. They felt that this positive view is a result of the words of encouragement from their counsellors. In the clients' accounts, these words appear to be encouraging a compassionate view of themselves when faced with feelings of shame and failure. In the following extract, Wandee describes how she was encouraged to approach her feeling of failure about her children by being compassionate towards herself, rather than harshly criticising herself:

I felt I brought them up [her children] so well, but why did they behave in turn like this to me. I blamed them, and I blamed myself. I wondered what did I do wrong? So they behaved to me like this. But it wasn't right. I have to think like the counsellor said, they need to take care of themselves, not me to do everything for them all the time. I did all the best I could do for them, and whatever happens I should accept it. (Wandee)

In this extract, Wandee expresses her frustration at not getting what she thought she should have got from her children. She blamed her children for not living up to her expectations, and also blamed herself for being unlucky with her children. Working with Wandee on this issue, her counsellor seems to apply the Buddhist idea of non-attachment, "we cannot direct things in the way we want", into the counselling. This concept seems to be used to facilitate Wandee's adoption of a compassionate attitude; it is not either her or her children's fault if things are not going as she has expected.

Similar to Wandee, Meena reported feeling ashamed and criticised herself for having a relationship with a married man who left her. Explaining how the counsellor tried to help her, Meena gave the following:

Did he see me as a good woman? Did he criticise me? I indulged myself with a man who has just moved out, I didn't mention his name. I never behaved like this before. I eventually did it, and we hugged and kissed. Did he feel I wasn't good? My counsellor tried to help me to see the good things in myself, the good things that other people said about me. [...] I felt better, yeah, I wasn't bad, I'd just gone astray, I was innocent. She helped me to be kinder to myself and this helped me a lot to stop blaming myself. (Meena)

Recognising "the good things" in herself appears to help lessen Meena's self-condemnation and boost her sense of self-worth. As she says elsewhere: "the counsellor's words cheered

me up and helped to increase my self-worth". In addition, Meena says that she was encouraged to see her problem as temporary, rather than permanent, and as a shared, rather than as an isolated experience: it is not only her who is experiencing "this broken heart"; others are also facing pain like this:

She tried to help me to see that other people are also faced with this broken heart, not just me, in this world there are so many people who face this situation. The problem was temporary, I needed to be mindful and in the present. And I was good, though I had other colours, I still had some white. It is common, everyone always has both black and white in themselves. My counsellor said that, this made me feel better and er there are many people upset like me, not just me. (Meena)

Acknowledging both her own limitations and potential ("though I had other colours, I still had some white"), and realising that her suffering is shared with others appears to help to reduce Meena's self-criticism and her feeling of isolation, thereby fostering a more accepting attitude towards herself and her circumstances.

Another client, Sirin, similarly reported that she was encouraged by her counsellor to see positive things in herself and to see suffering as a part of the human experience, thereby boosting her positive feelings:

It [talking to the counsellor] made me realise that everyone faces problem, not only me. And when he reflected my feelings, he said things like "you are patient", "you care for others". I felt he gave me encouragement, and this made me feel better. (Sirin)

In essence, it seems that the counsellor's aim to help the clients to adopt a compassionate attitude towards themselves and their suffering is to help to foster their ability to forgive and to love themselves, and also to be more able to accept their own suffering.

This superordinate theme has presented the clients' attempts to make sense of how their counsellors tried to help them. My interpretation of this account is that there were three main Buddhist concepts; namely, Letting go, Being in the present and Compassion, each playing a significant role in such encounters. Indeed, I found it difficult to set a clear line between these Buddhist ideas, as they are closely interrelated.

The idea of letting go of the past was used by all the counsellors to facilitate the clients' acceptance of their past and present situations. Underlying this application seems to be the

belief that an ability to let go can help the clients to leave the past and open up to what is happening in the present. Holding on to the feeling of shame and failure in the past was thought to block the clients from being compassionate towards themselves and others. In turn, the idea of being present was used to facilitate the clients' focus on the present and to let go of negative thoughts. In other words, the counsellors of these clients seemed to believe that the clients' abilities to let go can both facilitate, and be facilitated by, a focus on the here and now. In addition, by helping the clients to see the good things in themselves, and to see their suffering as being part of the human condition and temporal, rather than being individual and permanent, the counsellors seemed to use the Buddhist concept of compassion to facilitate the clients' ability to let go of criticism, towards both themselves and others, thereby cultivating acceptance of their unpleasant life experiences. This superordinate theme has thus shown how Buddhist ideas are incorporated into Buddhist Counselling from the clients' perspective. The following final theme extends this theme by exploring how the counselling lives on in the clients' daily lives.

6.5 Superordinate theme 4: The impact of Buddhist Counselling

This final superordinate theme emerged from the clients' reflections on how their lives have been changed by the counselling. It addresses the role and the impact of the counselling on the clients' lives outside of the counselling room.

6.5.1 *The influence of the counsellor's words*

The ideas which the counsellor expresses in the counselling room appear to have a significant influence on the clients outside of the counselling room. Each client said that they took some of the ideas gained from the counsellor and used those ideas to help them to enjoy some relief from their suffering. Let us look firstly at an extract from Wandee:

Just the words—I can't live with my children forever, I should do my best and just this, I should be happy, something like this. When I suffer, I think about these words. Only a few words, but they give me an insight [...] As soon as I became stressed, I would think about the counsellor's words. This helped me to be able to let it go, but I couldn't let it go immediately. It took me some time to let it go. (Wandee)

The influence that the counsellor has on Wandee is clear in this extract. Wandee's expression "only a few words, but they give me an insight" (คำพูดสั้นๆแค่นี้ แต่ทำให้เราคิดได้) seems to suggest that she attaches great significance to the counsellor's words. These words appear to play a

role in helping her to let go of her concerns about her children. As such, I think it is possible to say that Wandee uses the counsellor's words to help bring herself out of suffering, and to get back on track again. This interpretation is supported by the following extract, where Wandee compares the counsellor's words to a belief that it is wrong to commit suicide:

Someone with nothing to hold on to will be likely to kill themselves, but if they have something to hold on to, for example, if they believe that it is a sin if you kill yourself, you may not do it. This belief can stop us having suicidal thoughts. It is similar when I listened to the counsellor, I felt relieved and then I could continue living my life. His words, his thoughts widened my perspectives. (Wandee)

In this extract, Wandee says that a belief in sin and the counsellor's words work for her in a similar way. While a belief in sin acts as a buffer against suicidal thoughts, the words of the counsellor serve as a buffer against her old way of thinking, and they help her to look at the old problem in a new light.

As with Wandee, Meena also uses the counsellor's words in a similar way, to calm her mind and to let go of her concerns:

I remembered when the counsellor said if I don't open the door, no one can hurt me. I tried to think like this. I tried not to think about that, when I felt my mind started wandering and getting stressed, I tried to be aware of them and take my mind off those thoughts. Then I feel fine, these last few months I feel fine more often ... not like before when my head was always heavy. (Meena)

Here, Meena is saying that she uses the ideas she gained from the counselling to relieve her concerns. These extracts raise the question of what influenced Meena's adoption of these ideas. Two factors seem to be important here: Meena's recognition of the severity of her symptoms and her trust in the counsellor:

I was so terrible at that time. I only wanted to die all the time. I needed to follow the suggestions seriously, and started to take care of myself seriously. (Meena)

And later...

Because I believe that she can help me, we need to believe first, we need to believe and to have faith in the counsellor first, it ... it will then be good. If we have no belief and faith in the counsellor, it will be pointless to go to see and talk to the counsellor. (Meena)

In the first extract, it seems that the recognition of suicidal thoughts drives Meena to "seriously" seek a way to survive. For Meena, to follow what she has gained from the

meetings with her counsellor seems to be the only way for her survival. Again, the idea expressed here reflects Meena's adoption of the counsellor's words as something that helps during difficult times. In the second extract, Meena highlights the significance of trust in the counsellor. In expressing this, there is a shift in Meena's use of "I" as a subject in the first sentence to the use of "we" in the remaining sentences; the word "we" implies that not only her but also other sufferers need to put their faith in the counsellor to make the counselling experience meaningful. It thus seems that the need for help, together with Meena's trust and faith in the counsellor, encourage her to embrace the counsellor's ideas.

Sirin, as with the other two clients, reported that she used the idea gained from the counsellor to help to relieve her suffering. Like Meena, Sirin also attributed her adoption of such an idea to her trust in the counsellor:

S: He [her counsellor] said that the problem could happen so it could also stop. It wouldn't be like this forever. What I could do was to accept what had already happened and do what I could do in the present.

I: How did you feel about this?

S: I agreed with him. I felt the same. It was like there was someone confirming my thoughts. And I believed in him, so I remembered his words and followed that way.

I: What made you believe in him?

S: He studied, and he had counselling experience. These made me believe in what he said.

This extract suggests that Sirin takes up her counsellor's idea of acceptance. She makes a clear connection between the trust that she has in the counsellor and her adoption of the counsellor's idea. At the end of this extract, Sirin explicitly attributes her trust in the counsellor to his specialised training and counselling experiences. As previously described in 6.3.2, the clients' perception of the expertness of the counsellor appears to have made a significant contribution to their seeing the counsellor as a credible source of help. It seems to be this perception that influences the clients' adoption of the counsellor's ideas in their daily lives. In essence, my interpretation of this theme is that the clients' adoption of the counsellors' idea reflects their attempt to consolidate the healing that they derived from the counselling, thereby suggesting the active role of the clients.

6.5.2 Religious Practices

The three clients reported that they used their own religious practices as a way of finding relief from suffering. Of the three clients, Meena talked at greatest length about the use of Buddhist meditation and chanting for self-healing. Despite having heard positive outcomes about these Buddhist practices, Meena said that she never seriously considered Buddhist practices until she experienced severe psychological symptoms, and that it was her counsellor who suggested she tried them. Describing what influenced her to follow Buddhist practices, Meena says:

My broken heart. I was so disappointed, so I think I couldn't just stay still. If I didn't...didn't follow, um it's worth trying, I had no choice, I had no choice, it was only this way left. Before others had suggested this way too, but I never followed, if I followed, I would be fine, but if not, I would be dead. My symptoms were so serious at that time, I was like a zombie. I was so terrible at that time, I just wanted to die all the time. So, I needed to follow the counsellor's suggestion seriously, and start taking care of myself seriously. (Meena)

This extract powerfully captures Meena's perception of herself at the time she embraced Buddhist practices. Meena describes herself as "a zombie" (she used this English word in her original description) to depict herself as a dead person in a living body. Saying that "I just wanted to die all the time" reveals Meena's suicidal thoughts. The realisation of the severity of her symptom appears to force Meena to "seriously" seek ways to survive. It seems that the only way left for Meena to survive was to follow Buddhist practices, as was suggested. In saying that not only her counsellor, but also "others have suggested this way too", Meena is suggesting that these Buddhist practices are a not new idea being introduced to her in the counselling room; rather she has already been familiar with them.

Meena reported that since her meetings with the counsellor, she had used Buddhist chanting and meditation as ways to bring her mind to focus on the present and to calm down her wandering thoughts, and she seemed to attribute her continual adherence to these practices to the effectiveness of them:

When I try meditating and chanting myself, yeah that's why many people have spread the word about it, um it was effective. Though for me the result may not be as effective as for those who really get into it, but I did feel better. (Meena)

The effectiveness of the Buddhist practices experienced by Meena appear to offer her a confirmation of what she had heard from others about the usefulness of Buddhist practices. In making a comparison between herself and other experienced Buddhist practitioners (“those who really get into it”), Meena is suggesting that despite being a novice practitioner who can partially get into the practices (for example she felt that her mind continued to wander while meditating), she still experiences some benefits as a result of these Buddhist practices. Perhaps it is this paradox that made Meena consider the improvement which she experienced to be a result of her familiarity and belief in these practices:

I never thought that I would face this problem; I never thought to use these [the Buddhist practices]. I’ve just heard elderly and other people mention that doing this is good. Many people with problems do this. And when I faced this serious problem, I then, um, I don’t know if it’s because of what I’ve heard from people, that it’s good, and I then believe that, and so when I did it, I could touch it quickly, and yeah it was good as they had said. (Meena)

Here, Meena acknowledges the influence of the positive social values placed on Buddhist practices in Thailand on her faithful adoption of Buddhist practices, and on her seeing the value of it. It is possible to say that before it being suggested by her counsellor to observe Buddhist practices, Meena had already internalised *the good* of these practices from the voices of others. Put simply, it seems that as she heard people say similar positive things about Buddhist practices, she feels they must be good to follow. The following two extracts further illustrate Meena’s sense-making of how Buddhist chanting and meditation help her:

I feel chanting helped my mind because when chanting I just concentrated only on this. Before I felt so bad, but when I chant I gradually feel better. Chanting text is also difficult, it’s not our language, so I needed to concentrate a lot on that, I then became better and better. I also think as I am a Buddhist, I was taught that chanting could help. If you do it you will be fine. I then felt better and finer. (Meena)

Later, in the next extract, Meena is making sense of why she feels better as a result of meditating, despite the fact that she does not feel that she does the practice well:

For meditation, I was able to be calm for around 10-20 minutes, but I didn’t reach that high, my mind was just there, but I couldn’t do it much. For meditation, I did it just to feel better. Others suggested doing this, and if I followed, it would be good. I believe this, we need to believe and put faith in that first, and then we will get better. But these days I chant every day because when I do it I feel better. It’s quite long, I can show you.

Before I didn't have any chanting book, but now I have some [she showed me her chanting books] they are really, really good. (Meena)

Taking these two extracts together, we can see that while Meena uses both Buddhist chanting and meditation to help her be present and in order to improve her wandering mind, she clearly expresses her preference for chanting over meditation. For Meena, chanting involves more activities involving the senses than does meditation. It demands reading not only a long, but also a difficult text, as it is in Pali, not Thai. Due to this, Meena feels that it is easier for her to quiet and calm her mind when chanting than when meditating. It may be this preference that encourages Meena to continue chanting more often than meditating. Interestingly, in both extracts, Meena attributes the positive outcome of chanting and meditating that she experienced to her existing belief in these practices. In the first extract, Meena seems to believe that not only the need to concentrate on the chanting text, but also her existing belief in the benefits of chanting, help her to feel better. In the second extract, although Meena expresses her struggle to get her mind focused when meditating, she reports a feeling of relief as a result of following this practice. Making sense of why this might be the case, again, Meena attributes this relief to her existing faith in its benefit.

Although religious and spiritual practices were not part of Sirin's counselling session, she reported the use of Buddhist chanting as a source of well-being. As with Meena, Sirin attributes her Buddhist faith and practices to social influences. Answering my question about the reason for her incorporation of Buddhist chanting into her daily life, Sirin gave the following answer:

The counsellor could only partly help me, apart from that I felt I needed to find other ways to help myself, and I normally use chanting to feel better. So after seeing the counsellor, I still use this practice to help myself. You asked me, why I use this way? I think there are many factors, my family told me to do that and my flatmates also do so, um I then chant as well. And doing chanting, I feel I'm doing a good thing, it will help me to have a better life and to be more mindful, I believe that so I do it. (Sirin)

Sirin here is saying that counselling partly, but not completely, helps her. Using Buddhist chanting as another way to achieve a better life is indicative of Sirin's active role in self-healing. We can also see from this extract that Sirin's value and adoption of chanting is socially influenced by significant people around her (e.g. her family and friends). In other words, it is the positive social value given to Buddhist chanting (i.e., Buddhist chanting is a

good path to a good life) that has influenced Sirin's personal valuing of, and adherence to, this Buddhist practice.

Despite having a different religious belief, Wande reported that she used her Islamic practices as a way of finding some peace and relief. Answering why she incorporated these practices, Wande said:

A counsellor is just a counsellor, when I went to see the counsellor, I felt fine, but when it comes to the time I am at home and I have a problem, the counsellor isn't with me, so I have to look for another thing to hold on to. (Wande)

In saying that "a counsellor is just a counsellor", Wande is suggesting that her counsellor can provide some form of healing only in the counselling room; outside the counselling room it is she who needs to be actively responsible for healing herself. What Wande uses to heal herself is her religion, and in particular Islamic chanting and breathing. For Wande, sitting down to chant and practise breathing helps her mind to feel at peace, and leads her to think of God. Wande expresses her belief that God directs everything and everything happens for a reason. As such, each problem will eventually have its own solution. This religious belief of Wande seems to provide her with hope in the face of adversity and suffering.

Of all the clients, I think Wande provided the clearest account of the two pillars of counselling and religion. Before counselling, Wande said that she had already used her religious practices to help her psychologically. However, she felt that she still could not achieve the peace she wanted, and when her problem became serious, her religious practices were not enough:

In terms of my religious practice, I feel like my mind still can't reach that ... I mean my mind still isn't free enough. I can reach that, I may be like a monk who mediates and finds relief, but for me I'm not at that stage, I just breathe in and out and think of God ... when my problems got worse, I needed to see a doctor, to consult with a counsellor, it helped me to be able to think. (Wande)

According to Wande, the counsellor suggested that she could use her religious practices and the ideas she had talked about with him to relieve her suffering. When Wande put the advice into the practice, she found that her religious practices and the counsellor's words were complementary in that they enabled her to "let things go and not to get too

worried". For Wandee, "it is 50-50 between the counsellor's words and my religious practice". The following extract shows how Wandee uses these two pillars to help her:

I needed to set my mind free in order not to worry about it, but the counsellor showed me a way out, both of them have to go together ... if my mind is free, but no one guided me, how should I go? If only counselling, I may always have to go to see a counsellor. I think no one want to go to counselling if they don't have serious problems, and this is the same for me ... and when I met the counsellor, I used what I gained to help me, I did chanting and also thought about the counsellor's words, and I then found a way ... but while my mind wasn't peaceful, I didn't think about the counsellor's words as the counsellor didn't talk to me 24 hours a day, and I saw him once ... but when I do my religious practice, and when my mind is peaceful, I'm then able to think about the counsellor's words. (Wandee)

Wandee uses her religious practice as a way to stop her mind from wandering, and with the calm mind she is able to think about the ideas gained from the counselling. In other words, when her mind is peaceful, the counsellor's words can appear, and then the counsellor's words help her to let things go and feel some relief. For Wandee these two pillars "have to go together", to enable some changes in herself.

Having already discussed some of the influences of Buddhist Counselling on the clients' lives outside of the counselling room, in the final theme below I present the meanings which the clients gave to their overall experience of Buddhist Counselling.

6.5.3 The experience of change

All three clients reported an experience of change following their receipt of Buddhist Counselling, and they all described the change they experienced in terms of positive self-transformation. The clients tended to use very contrasting words to describe their feelings before and after receiving Buddhist counselling. Of the clients, Wandee most frequently mentioned how different she was prior to and after her counselling. Reflecting on herself before the counselling, Wandee used the following phrases:

My worries floated in front of me; couldn't stop worrying;
Gloomy, suffered; felt like there was something heavy on my chest; felt tired like I had heart disease;
My life was so dark, I saw no path; I didn't know what to do; my thinking was superficial;
A weak person; an inactive person; and
Always took medicine to get to sleep. (Wandee)

In contrast, when describing the effect that Buddhist Counselling had on her, Wandee used the opposite terms to describe herself:

I could stop dwelling on my thoughts;
Relief, less stressed;
More able to think;
Have more inner strength; ready to fight again;
An active person; and
I don't need to depend on medicine. (Wandee)

The ways in which Wandee describes the shift in herself indicates her experience of becoming well. Notice how these extracts manifest a sense of her movement from powerlessness to a sense of capability to manage her own life. As presented in the theme "Hope" (6.2.3), Wandee reported that she came to the counselling with a wish to be less anxious in order to stop taking medicine. These extracts indicate that Wandee's expectations of counselling were met. More precisely, as described in the preceding themes, as a result of her counselling Wandee felt that she became clearer as to the cause of her suffering: it was not her children who caused the problem, but the high expectations that she had of them that made her suffer. The next extract further shows how Wandee thinks she has changed through counselling:

I can say he made me realise, it was like while I was travelling, I didn't have a path, it was dark ... so dark ... when I met the counsellor he tried to find a way to turn on the light to help me find a way to walk, it was his words that helped me walk, how I should walk, how should I think, something like that. If you ask if it helped, it helped me a lot, it was a relief. (Wandee)

Here, Wandee is using beautifully a metaphor of "travelling" in the darkness without a path to depict her experience of being helpless and lost prior to her meeting with the counsellor. She then uses a metaphor of finding someone to turn on the light to describe her experience of relief after meeting the counsellor. For Wandee, "the light" that helps her to find the way forward is the "words" from the counsellor. It seems to be this experience of change that leads to a clear shift in Wandee's feelings about counselling, from doubt to appreciation:

For me I think there isn't much information about seeing a counsellor, um some people don't see it as important, can counselling help? I think it can, but if you don't know much about counselling, it doesn't seem important and might seem a waste of time, but for me I did it and felt it was worthwhile, it didn't seem a waste of time. My life situation

was not better, but as my thoughts were better and then I lived my life better ... not just like living from day to day. (Wandee)

As I presented in the theme “Uncertainty” (6.2.1), Wandee expressed her doubt about the usefulness of counselling, and attributed this doubt to the lack of information about counselling in Thailand. In this extract, we can see the change in Wandee’s perception of counselling, and this shift seems to be the result of her experience of some positive changes. For Wandee, it is not outside, but inside change; the situation is not changed, instead she has changed her outlook towards it. It is this inside change that made her feel better and “live her life better”. Given this positive experience of change following Buddhist Counselling, I think it makes sense that Wandee construes her counselling experience as “worthwhile”.

Like Wandee, Sirin used a metaphor of *darkness* and *light* to make a contrast between herself before and after the counselling:

I kept asking myself if this truly happened, I couldn’t believe it. My thoughts wandered so much; I was so stressed and didn’t smile; it was dark. But when I talked to the counsellor I felt like I got some of my suffering out, um, then I could see some light and learned to accept them ... my mind was more open to understanding things and I could accept more what had actually happened so I could better control myself more and felt less stressed. (Sirin)

For Sirin, the counselling helps to make her dark world lighter. This lighter world seems to be the result of her ability to accept what she previously denied.

Another client, Meena, used the very powerful expression “being dead and born again” to describe her experience of change:

I felt like I was dead and born again; it was like there was a log to hold onto while I was sinking. I could hold onto this log and not go with the current. (Meena)

This succinct extract powerfully captures Meena’s perception of Buddhist Counselling as a journey for survival. As with the other two clients, Meena also makes a comparison between herself before and after the counselling. As described earlier, Meena compared herself prior to the counselling to *a zombie*, suggesting a condition of being half-dead. Here, Meena is depicting herself as *a drowning person* who is going to die; and here she compares her counsellor to a log that saves her life. This means that for Meena, Buddhist Counselling helped her to reduce her suicidal thoughts, thereby giving her a new life. Meena strongly

attributes her self-transformation to her counsellor: “If I hadn’t met the counsellor, I would not have a solution and I would have found a way to die, um it wouldn’t ... wouldn’t only a thought”.

This idea continues with Sirin and Wandee, who also used third conditional tense to indicate that without the counselling, their life would now be different:

Suppose that on that day I hadn’t talked to him... I wouldn’t see a solution, I would be still stressed. (Sirin)

If I hadn’t gone, I would be like a person who has lost their inner strength and just lives from day to day. (Wandee)

The use of the conditional tense strongly suggests a perception of Buddhist Counselling as a meaningful experience. What is particularly noticeable in the clients’ use of this tense is the following: Meena’s description of Buddhist Counselling as saving her life (without it she would not have been alive) sounds much more powerful than the other two clients’ descriptions of Buddhist Counselling as offering a solution and a source of strength, respectively, (without it they would have struggled much more). Given that Meena attended many more counselling sessions (around 20 sessions) than the other two clients (only 1 session each), this stronger expression from Meena is not surprising.

To conclude, in this superordinate theme, I have shown that all the clients used some ideas gained from the counselling and their religious practices to deal with their stress and concerns in their daily lives, and this made them feel more empowered. These findings suggest that the healing process did not happen only in the counselling room. Indeed, it largely happened outwith the counselling room, and it is the clients themselves who actively took and creatively used the ideas that they took from their counselling and their religious practices to find some relief from their suffering and to move their lives forward in more cheerful ways.

6.6 Reflexive conclusion

This research gave me a chance to hear directly for the first time what clients thought and felt about their experiences of engaging in Buddhist Counselling. In this chapter, I have made sense of and given voice to the clients’ experiences of Buddhist Counselling. While I carried

a good stock of my understanding and experience of practising Buddhist Counselling into sense-making process for the counsellors' accounts, I did not have that much stock of knowledge about clients' experiences of this approach. However, this does not mean that I approached their accounts without any preconceptions. Indeed, as far as I am consciously aware, my interpretations of the clients' accounts have been significantly shaped and influenced by my understanding of the counsellors' accounts and also by my cultural and professional background.

As I presented in this chapter, all three clients considered the personal qualities of their counsellors as essential in their counseling experience. This meaning that the clients gave to their counselling experience reminds me of the counsellors' similar view that their personal qualities are key to their therapeutic efficacy. These resonant accounts then became one of the key findings in my thesis. Also, of the clients' accounts, Meena's sense-making of why she found Buddhist Counselling suited her need and why she adhered to Buddhist practices as a way to relieve her suffering most enlightened my understanding of the therapeutic practice as a culturally embedded enterprise. These accounts from Meena were also reminiscent of the counsellors' descriptions of how their culturally-embedded selves influenced their practice of Buddhist Counselling. As I found such accounts of Meena both interesting and consistent with the counsellors' accounts, I chose to explore them in detail in this chapter and in the next chapter I will also further explore them in relation to the hermeneutic concept of identity and the good.

There is a circle in my understanding of the clients' accounts: I started my interpretation with my preconception influenced by my engagement with the counsellors' accounts, and this preconception then influenced my attention to the clients' particular accounts. In turn, through my *open* interpretation, the clients' accounts itself not only shaped my understanding of it, but also influenced my stances on the counsellors' accounts. For example, my recognition that the clients placed a high value on their counsellors' personal qualities influenced me in pushing my analysis of the counsellors' accounts of their personal development through the use of Buddhist ideas and practices further and deeper. Similarly, my understanding of Meena's accounts of the cultural influence on her perception of Buddhist Counselling and on her adherence to Buddhist teachings also encouraged me to go back to look more thoughtfully at the counsellors' revelations of the relevance between their cultural background and their counselling practice.

As can be seen frequently in this chapter, to make further sense of the clients' accounts of how their counsellors tried to help them, alongside my descriptions of such accounts I provided a further explanation of those accounts by making some references to Buddhist ideas. Such explanations are the fruit of my existing knowledge and understanding of Buddhist ideas that I have gradually gained through my cultural embeddedness and also through my counselling training. In my attempt to provide those explanations, my understanding of Buddhist ideas expanded the meaning of the clients' accounts. At the same time, the clients' accounts also enhanced my understanding of the role of Buddhist concepts in Buddhist Counselling: they demonstrated that there were many other possible ways to bring Buddhist ideas into the counselling process and that those Buddhist ideas had a significant influence on the clients' moral commitments and actions. It is these revelations that have transformed my perception of Buddhist Counselling as a morally embedded practice. This means that while I inevitably let my preconceptions develop the clients' accounts in particular directions, at the same time my understanding of Buddhist Counselling was also developed through my dialogue with their accounts.

Chapter 7

Discussion of the research findings

Culture is like blood: it flows in our body, but we do not usually see it; it keeps us alive as social beings, but we tend to forget about it; it shapes our living, but we are not normally aware of it. Both culture and blood are made of small cells that can only be distinguished with very accurate analytical devices. (Garcea, 2005, p. 55)

7.1 Introduction

Having presented the counsellors' and clients' lived accounts of Buddhist Counselling in the preceding two chapters, my aim in this chapter is to move my analysis further by discussing those key findings in relation to existing relevant scholarly and empirical literature, and to highlight the contributions to knowledge of this study by indicating both the similarities and differences between my findings and the existing findings and claims of others' work.

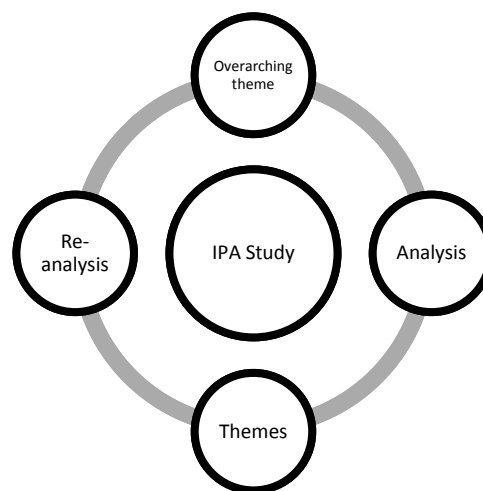


Figure 3. The iterative process of the data analysis

As shown in Figure 3, the process of my data analysis is iterative. In the two previous chapters, I have presented, through my identified themes, what it may be like for counsellors and clients to engage in Buddhist Counselling. Through the act of writing up, I had a chance to enter and re-enter into the meaning of those accounts, and this helped me to identify the relationship between the participants' culturally-embedded selves and their experiences of Buddhist Counselling. In my attempt to understand the deeper meaning of this relationship, I found myself being reminded of hermeneutics. As already argued, hermeneutics, with its emphasis on the cultural embeddedness of human experience, is particularly relevant for

understanding this central account. In line with the chapter quotation above, my aim in adopting hermeneutics is to understand the counsellors' and clients' experiential accounts of Buddhist Counselling by taking the cultural and moral aspects of their accounts into consideration. In doing so, I do not aim to provide either final or definitive truth claims, but rather to offer the "best accounts" that I can while acknowledging that they are always incomplete and most likely to be imperfect (Taylor, 1989).

The application of hermeneutics in this chapter is also resonant with the epistemological underpinning of my thesis as a whole. As discussed in Chapter 3, my thesis is based on an assumption that understanding and meaning are rooted in the perspectives and culturally-influenced horizons of an individual. Accordingly, to better understand the participants' experiential accounts it is necessary to consider their accounts as being culturally embedded. Following Christopher (1999), I argue that if we blind ourselves to this very nature, we are likely to decontextualise those accounts from the specific cultural contexts with which they are inescapably bound up. In this way, we would run the risk of misunderstanding and misrepresenting the experiential accounts of others.

In addition, as presented in Chapter 2, I have situated my study within the following areas: Buddhist Counselling; the indigenisation of counselling; and the counsellors' and clients' lived experiences of therapy. In discussing the research findings in this chapter, I thus also draw mainly on and contribute to the exiting literature in these areas.

In line with the hermeneutic circle of the part and the whole, I begin this chapter by discussing the key findings of each superordinate theme presented in Chapters 5 and 6, respectively. Following this, I discuss the overarching findings of these two studies in light of the hermeneutic concept of identity and the good, as outlined in Chapter 3. I argue that this part-whole movement helps to advance our understanding of the counsellors' and clients' lived experiences of Buddhist Counselling.

7.2 Discussion of counsellors' experiences of practising Buddhist Counselling

7.2.1. *Buddhist Counselling as cultural congruence*

The key finding from this theme suggests that all five counsellors perceived Buddhist Counselling as being culturally congruent with the existing beliefs and values of both themselves and their Thai clients. In making such claims, the counsellors articulated the

impact of being embedded in Thailand (where Buddhism lies at the heart of cultural values and practices) on the personal values and beliefs of themselves and of their clients.

For the counsellors, being able to use *the whole set of their Buddhist selves* in their counselling practice made them feel natural and comfortable with the practice. In agreement with this finding, a review of the literature by Arthur (2001) indicated that the good fit between a counsellor's personal philosophy and their selected counselling orientation is one of the most significant factors contributing to the therapeutic efficacy and career satisfaction of counsellors. However, a counsellor's personal philosophy in his or her work was reported only in terms of personality traits, focusing only on the individualistic aspects of the counsellors. This focus reflects the assumption of individualism and naturalism, the dominant Western conceptualisation of the person and psychotherapy (Christopher, 2001; Polkinghorne, 2000). In contrast, my study has shed light on the counsellors' own perspectives on individual-culture inseparability: the counsellors linked their personal philosophy to their embeddedness in the Buddhist community. In this way, my research extends the previous research by illuminating how an inevitable cultural influence permeates the therapeutic practice of the counsellors, and my research thus also lends strong support for Hoshmand's (2006) view of counselling as "a fundamentally cultural enterprise" (p. viii).

In addition, the finding that the congruence between personal and professional assumptions is significant for the counsellors' sense of career satisfaction, and their therapeutic efficacy, may also be interpreted as supporting the indigenization argument - the argument that intervention models and services need to be adapted to the local cultures of the populations served (e.g., Duan et al., 2011). Where the indigenisation argument is usually based on the needs of the populations to be served, my research points to another dimension of cultural adaptability, namely, that practitioners also need to practise in a manner that is sensitive and congruent to their culture and beliefs in order to be truly effective.

The findings have also indicated that three counsellors believed that the underlying Buddhist ideas of Buddhist Counselling are congruent with the existing values of most Thai clients. Interestingly, they used the same Thai word "ง่าย", which can be translated as "easy" in English, to suggest the appropriateness of Buddhist Counselling in the Thai context. Using this word, these counsellors implied that there is a congruence of shared assumptions between themselves and their clients. Based on the belief that most of their clients were

already familiar with the Buddhist ideas underlying Buddhist Counselling, Manid and Somsak felt that this made it *easy* for them to work with clients using Buddhist ideas, and Denchai felt that it made it *easy* for his clients to embrace the Buddhist ideas informing his practice. This finding points to the idea that if the values which each party bring to counselling are shared, the likelihood of successful therapy increases (Fischer, Jome, & Atkinson, 1998). The counsellors' perception of Buddhist Counselling as culturally relevant to their Thai clients also mirrors the current argument for the need of counselling theories and practices to be rooted in and developed for specific cultural groups in order to best serve local clients (e.g., Duan et al., 2011; Pedersen, 2003; Yip, 2003).

7.2.2 Conceptualising Buddhist Counselling

Broadly consistent with Sritongoon (2011), the key finding of this theme has indicated that the counsellors' therapeutic practice was largely informed by the Four Noble Truths. The counsellors believed that their effectiveness in their practice was largely determined by how well they understood such Buddhist principles. Informed by the second Noble Truth, the counsellors understood suffering as being the consequence of the clients' attachment to their own unfulfilled desires. Enabling the clients' realisation of this discrepancy appeared to be one of the counsellors' main therapeutic tasks. This notion of suffering being caused by a discrepancy between desires and reality may be compared with the person-centred notion of incongruence between the constructed and the real self (Rogers, 1951) and with the idea of intrapsychic conflict in psychodynamic counselling (Leiper & Maltby, 2004). There is also an overlap in therapeutic intervention between Buddhist Counselling and that of other approaches, as many of these aim to facilitate clients' insight into the causes of their psychological problems and to provide them with new understanding. What can be regarded as distinctive to Buddhist Counselling is that the practitioners offer clients particular perspectives on suffering and its acceptance, grounded in core Buddhist philosophy and practice.

Many counsellors spoke about the possibility of an insight into a solution as a result of a deep examination of suffering. This conceptualisation is in line with the first Noble Truth, the notion that the first step towards the relief of suffering is to examine it deeply in order to understand it clearly (Payutto, 1995). The counsellors pointed to the close interplay between the realisations of what one is suffering from, of why one is suffering, and of how

one can respond to suffering “more suitably”. There appeared to be an agreement of what “more suitably” means to all five counsellors: to respond to suffering “more suitably” means adjusting one’s relationship with the external world, rather than attempting to make the external world fit one’s own desires.

The finding has also suggested that all five counsellors regarded *tuning in as pivotal* in their counselling practice. To achieve this, the counsellors believed that they needed to “leave themselves aside” and to work with their clients from the position of not knowing - which requires a state of mind that is empty from concerns and thoughts. It is this way of being in therapy that, these counsellors claimed, could eventually bring about “the click moment”, the moment when they immediately realised the client’s main concern and knew how to respond to the client’s issue. This description of tuning in is aligned with the Buddhist concept of concentration (*samādhi*), which can be understood as the state of “focusing the mind on a single mind-object--that is, not being scattered or disturbed” (Payutto, 1995, p. 270).

As enigmatic as the Buddhist literature can seem, there is a paradoxical tension between the counsellors’ account of “leaving oneself aside” or “letting go of theoretical knowledge” and that of “gaining an insight” or “achieving the click moment”. This may raise the question of how it would be possible for the counsellors to “suddenly click” when they are in a state of being without thoughts. The view that there is a relationship between concentration (*samādhi*) and wisdom (*paññā*) is not a new concept within Buddhist literature. In the Buddhist view, focusing on a single object, in this case the clients’ narrative, involves decentering and disengaging from clinging onto any preoccupations. In this way, it is noted that concentration can potentially bring about the following key benefits: a) the ability to be in the present; b) knowledge and insight; c) mindfulness and clear comprehension; and d) psychological well-being (Payutto, 1995). Similarly, Buddhādāsa (1984) considered concentration (*samādhi*) as a necessary condition for gaining wisdom (*paññā*).

The concept of *tuning in* as described by my counsellor participants is not new. Indeed, despite using different terms, practitioners across counselling orientations have provided similar explanations of this concept and have also consistently highlighted the therapeutic values of it. For example, Welwood (2000), a Western Buddhist-informed psychotherapist, referred to this concept as “unconditional presence” and explained that when counsellors

“operate from not-knowing; they are more likely to embody authentic presence. Letting themselves not know what to do next invites a deeper quality of stillness and attentiveness into the work” (p. 142). In person-centred therapy, the counsellor presence is seen as key in enabling the counsellor to offer accurate empathy. For Rogers (1989), the main task of the counsellor is to be in a “moment-to-moment sensitivity in the here and now, in the immediate present” (p. 16). In the psychoanalytic context, Freud (1912/1961) introduced the concept of “evenly-suspended attention” to highlight the significance of listening without a particular view:

It consists simply in not directing one’s notice to anything in particular and in maintaining the same “evenly-suspended attention” (as I have called it) in the face of all one hears [...] Or to put it purely in terms of technique: He should simply listen, and not bother about whether he is keeping anything in mind. (p. 111-112)

Brenner (2000) points to the therapeutic value of this concept in psychoanalysis when writing that: “no statement about psychoanalytic technique is more frequently cited than Freud’s recommendation that analysts listen to their patients with evenly hovering or suspended attention” (p. 545). In essence, as with counsellors from several other theoretical orientations, the counsellors in my study also emphasized the significance of their therapeutic presence as being a key element that made a difference to the quality of their practice. In this respect, my study adds weight to the view that the therapeutic presence of the counsellor lies at the heart of diverse theoretical orientations, a view that is strongly maintained in the work of Tannen and Daniels (2010).

Having already compared the findings with the relevant literature, in what follows I further discuss the key finding of this theme in relation to the hermeneutic concept of identity and the good, to shed some further light on how the practice of Buddhist Counselling is shaped and influenced by Thai cultural values and ideologies.

Central to this theme are the counsellors’ descriptions of what they generally tried to do in their practice of Buddhist Counselling. Underlying the counsellors’ therapeutic practice is an attempt to promote what McLeod (2006) calls “a particular version of psychological and social well-being” (p. 60). According to the counsellors’ accounts, it is possible to say that their practice of Buddhist Counselling embodies the moral visions of *detachment and acceptance*, and these moral visions inevitably affect their counselling practice by influencing the ideas about what causes the clients’ suffering, what deserves exploration and comment,

and in what possible ways suffering can be alleviated (Christopher, 1996). To illustrate this point, in what follows I review some of the participants' extracts presented in the second superordinate theme:

The goal is to take the clients from attachment to less attachment. (Noree)

I try to help the clients to see reality, to be free from their expectations, and to be in harmony with the rules of nature. (Manid)

I believe that the problem doesn't come from others, as the environment is always like that, people are usually like that. Trying to control things causes their suffering. Suffering arises from their minds, so we need to solve the problem at its root. (Somsak)

These extracts embody the idea that what the clients should become is open to what is actually happening in the present moment, rather than be attached to their own desires by trying to control things to be exactly the way they wish. Noree, for example, described her aim to help her clients progress from one perceived unhealthy stage to another healthy stage, "from attachment to a freedom from such attachment". This statement indicates her evaluation of good or right (i.e., to be free from attachment) and bad or wrong (i.e., to cling onto things with desires) in living.

I suggest that the counsellors' moral visions are not only rooted in their counselling approach, but also in the Thai tradition. As discussed in 2.4, the concepts of detachment and acceptance are among the most pervasive moral visions in Thai society: they are commonly known in the Thai phrase as *ploy-wang* (the practice of detachment) and *thum-jai* (the practice of acceptance). This suggests that the practice of Buddhist Counselling is imbued with cultural values. Such moral visions are thus "civic in origin and can only make sense to individuals living in speech-communities in which those social mores are preserved and transmitted" (Eaton, 2002, p. 369). This also means that Buddhist Counselling, "while treating the individual psyche of the client, is *ipso facto* concerned with the moral aims of the community in which that psyche must function" (Eaton, 2002, p. 369). Adopting hermeneutics to understand the counsellors' accounts of what they did in their counselling practice helps to clarify some of the moral visions underlying the counsellors' practice of Buddhist Counselling, and this clarification makes the moral thrust of Buddhist Counselling more explicit.

7.2.3 The intertwinement between the personal and the professional

The findings from this theme are broadly consistent with Sritongoon's study (2011) which reported the role of the counsellors' application of the Buddhist concept of suffering in increasing their ability to understand the suffering of themselves and their clients. However, in contrast to my study, Sritongoon's study did not reveal the role of Buddhist practices in the counsellors' personal and professional development.

The finding has indicated that all five counsellors believe that the better they understand their own suffering, the better they can understand their clients' suffering. This finding is reminiscent of the concept of the "wounded healer", suggesting that there is a parallel between what the counsellors can do for themselves and what they can do for others:

The more healers can understand their own wounds and journey of recovery, the better position they are in to guide others through such a process, while recognizing that each person's journey is unique. (Zerubavel & Wright, 2012, p. 482)

Moreover, in witnessing the clients' suffering and their paths to a relief of suffering, the counsellors felt that this experience not only supplemented, but also strengthened their understanding of the Four Noble Truths underlying Buddhist Counselling. According to these findings, I suggest that there is a circular movement of counsellor development from internal to external, and back again. Initially, the counsellors applied the Four Noble Truths into their personal lives in order to study their own suffering. Subsequently, their understanding of suffering was used to understand the clients' suffering. Later, the insights which the counsellors gained from working through clients' suffering helped to strengthen their understanding of suffering, and this learning again was used to inform the ways in which they worked with clients.

The finding has also shown that each counsellor made use of Buddhist practices (e.g., the practice of vipassana meditation, daily practice of mindfulness, and chanting), to develop their ability to be fully present with their clients. Underlying this application are the counsellors' beliefs that therapeutic presence is not a technique that can be applied immediately, but is the personal quality that requires regular practice outside of therapy. All the counsellors reported the beneficial effects of their Buddhist practices on enhancing awareness and concentration and on improving their psychological well-being (e.g., "being less moody"). Interestingly, one counsellor, Somsak, reported a shift in his understanding of

the Buddhist concept of impermanence, from “superficially” to “wholeheartedly” as a result of his vipassana practice.

In contrast, for the counsellors, failing to maintain Buddhist practices has negative impacts both on their therapeutic presence and on their personal lives. Noree, for example, felt that the absence of her Buddhist practice firstly decreased her ability to be mindful in her daily life, and subsequently minimised her ability to be fully present with her clients. Indeed, the counsellors regarded their practice of Buddhist Counselling as a way of life that links the professional and the personal domains. McLeod’s (2010) emphasis on the significance of the congruence between the personal and professional development of counsellors echoes this finding:

To be an effective therapist, it is necessary to develop a way of being with people that is genuinely grounded in one’s own personal experience, values and cultural context. Over and over again, research studies have found that what makes the difference to clients are the personal qualities of the counsellor, and his or her capacity to form an accepting and facilitative relationship. (p. 3)

In addition, in agreement with my finding, previous research also reported the beneficial effects of Buddhist practices, including mindfulness and meditation, on enhancing counsellors’ psychological well-being and their therapeutic presence (Cigolla & Brown, 2011; Dunn, Callahan, Swift, & Ivanovic, 2013; Ryan, Safran, Doran, & Muran, 2012). For example, Cigolla and Brown (2011), whose work included counsellors from various theoretical orientations who had regular practices of mindfulness, reported the benefits of mindfulness in helping their counsellor participants to stay more focused and aware of automatic thoughts. For these participants, this way of being enabled them to improve the therapeutic relationship with their clients in a deeper, more present, and more meaningful way.

While this previous study and my current study yielded some similar findings in terms of the potential benefits of Buddhist practices on the counsellors’ personal and professional development, what can be regarded as new in my study is that it also points to another benefit of Buddhist practices, namely, increasing the counsellors’ understanding of Buddhist ideas. My study is also new in terms of its revelation of chanting as another potential means for counsellors to increase therapeutic presence. While it is not possible to indicate how chanting may help to improve the counsellors’ therapeutic presence as this issue was not further investigated in detail, it is perhaps possible to say that as with mindfulness and

meditation, chanting is another Buddhist practice that requires great attention and concentration. The increased ability to be in the present as a result of chanting may help to improve the counsellors' therapeutic presence.

The finding has also showed that all counsellors considered Buddhist Counselling as providing them with an ability not only to help clients, but also to help themselves when suffering. Manid, for example, felt that as a result of practising Buddhist Counselling she gained the ability to help herself. For her, this self-healing ability enabled her to not need to "wear a mask and then do counselling", but bring her "authentic" self into her counselling work. It is this experience that made her commit to Buddhist Counselling. In this regard, Manid described Buddhist Counselling as "a cool job", a job that gave her the opportunity to develop herself alongside her professional career. These accounts remind me of the Buddhist concept of "Right Livelihood" (*sammaajiva*), as outlined in Chapter 2. It seems that for these counsellors, practising Buddhist Counselling was the right job that fitted well with what they and their clients believed and that offered the right path to lessening their suffering and that of their clients. These perceptions perhaps bear the responsibility for the counsellors' overall positive accounts about their experiences of practising Buddhist Counselling.

Particularly striking in the findings from this theme is the counsellors' emphasis on their personal qualities over their theoretical knowledge or technical skills. This finding provides support for the point made by Donati and Watts (2005) that a belief that therapeutic change is mainly brought about by the personal qualities of the counsellor, rather than by any technical skills, is likely to see the personal and professional development of the counsellor as being one and the same. Within the counselling literature, as Wilkins (1997) notes, these two terms are usually linked, and it seems unhelpful and problematic to try to separate one from the other. This concept of the inter-dependency between the personal and professional development of counsellors is actually not novel in the literature (Cigolla & Brown, 2011; Johns, 1996; Skovholt & Ronnestad, 1996; Wilkins, 1997). Indeed, Skovholt and Ronnestad (1996), for example, assert that this inter-dependency has been increasingly recognised in the field of counselling and psychotherapy. It has also been reported in the existing literature that counsellors across a range of theoretical orientations have sought different ways in which their personal development can foster their professional development. For instance, research has suggested a positive impact of ch'i-related practices (Liou & Prior, 2012) and of

mindfulness practice (Cigolla & Brown, 2011) on counsellors' personal lives and on their therapeutic practice.

The view that considers counsellors' personal qualities as key in therapy has also been widely recognised across the counselling literature (Aron, 1996; McConnaughty, 1987; Smith, 2000). Aron (1996), a psychoanalytic therapist, points out that "[not] only does every intervention reflect the analyst's subjectivity, but it is precisely the personal elements contained in the intervention that are most responsible for its therapeutic impact" (p. 93). Similarly, McConnaughty (1987) makes it clear that "it is the individual therapist, regardless of school, who determines the quality of the therapy" (p. 307). Smith (2000) indicates that techniques can only be used and made possible by the therapist. In this light, counsellors coming from the same therapeutic orientation and using the same techniques can generate different therapeutic outcomes, depending on their personal qualities, a view that is given strong support in and by my study.

I conclude that the counsellors in my study appeared to integrate their personal and professional lives to experience both in Buddhist ways. In such ongoing professional development of the counsellors, there are two processes. Firstly, there is the process of working towards bringing Buddhist teachings, the theoretical underpinnings of Buddhist Counselling, into their personal lives. Secondly, there is the process of working towards the integration of their Buddhist personal development into their practice of Buddhist Counselling (Fear & Woolfe, 1999). Trying to develop their capacity to change the clients, all the counsellors reported that they were also changed by their work with their clients. In this light, I suggest that personal and professional developments of the counsellors are mutually influential: when one domain moves, the other also moves. In agreement with my findings, an anecdotal study by Eldridge, Surrey, Rosen, and Miller (2008) indicated that while the aim of therapy is to help clients, in an attempt to help others, counsellors can grow as well.

In conclusion, the findings from this theme have demonstrated the counsellors' lived experiences of practising Buddhist Counselling in a Buddhist context by detailing the ways in which they cultivate and maintain their personal qualities through the integration of Buddhist ideas and practices into their own lives. They also show how these qualities play a significant role in the counsellors' practice of Buddhist Counselling. As such, the findings from this theme can be regarded as an illustration of how Buddhist philosophy and practices are

integrated into practitioners' personal lives and then integrated into their counselling work. This provides a clearer picture and a greater understanding of how Buddhism and counselling are integrated in the practice of these Buddhist counsellors in contemporary Thailand.

7.2.4 The experience of difficulties

The main finding from this final theme has indicated that all five counsellors considered the unknown status of the counselling profession in general and of Buddhist Counselling in particular as the major difficulty in their practice of Buddhist Counselling. All of them attributed this unknown status to a perceived social stigma associated with using counselling services, and some of them thought it to be a consequence of the dominance of psychiatry in Thailand. Moreover, one counsellor, Somsak, pointed out that the profession is not only limited by the small number of clients using the service, but also by the small number of counsellors working in the profession, and for him this was a barrier to the development of the profession. In line with this finding, Tapanya (2001) reported that the number of psychologists in Thailand is increasing at a much slower rate than in Western countries. This small number of counsellors is thought to be the result of the perception that there is little chance of professional career prospects, a view that was also strongly held by my counsellor participants. Three counsellors, including Denchai, Manid, and Noree, who worked as full-time counsellors, acknowledged that at several points in their career they were faced with the dilemma of whether to remain in or to leave the profession and "return to other careers that are available in society instead". In the counsellors' accounts, there was a tension between the perception of Buddhist Counselling as "a cool job", and it being an unknown profession. This tension unsurprisingly caused a feeling of frustration among all the counsellors.

The challenges faced by the Thai counsellors as reported in my study are highly consistent with those reported by Tuicompee et al. (2012), whose work indicated that the absence of the counselling licensure system in Thailand has limited the opportunity for many counselling graduates to continue working as counsellors after graduation. Social stigma associated with using counselling services and the predominant influence of the medical profession on the Thai mental health care system are also identified as significant barriers for the prospects of Thai counsellors. In this way, the Thai counselling profession shares some of the challenges experienced by some other Asian countries where their counselling

professions are still in their infancy. Yuen, Leung, and Chan (2014), for example, indicated that although the counselling profession in Hong Kong is making significant progress, it has yet to be widely recognised by the public. Social stigma associated with using counselling services is also still prevalent in Hong Kong and this is considered to be a significant barrier preventing people from using the services. Similar to my participants' accounts of the dominance of the psychiatrist in the Thai mental health care system, Lee, Suh, Yang, and Jang (2012) reported that in South Korea there is overlapping and competitive roles among mental health providers; not only counsellors, but also psychiatrists, clinical psychologists, social workers, or even lay practitioners are providing mental health services. The authors considered the unclear roles and boundaries of professional counselling as important challenges in the way of it being recognised as a distinct profession.

To conclude, the findings from this theme have pointed to the significant challenges which the counsellors faced in their practice of Buddhist Counselling. Understanding the challenges faced by the practitioners is important because this knowledge can lead to the development of solutions and the improvement of the profession.

7.2.5 Concluding discussion: Linking findings to research questions

In this section, I link the key findings of this study to one of the main research questions: *What are the lived experiences of counsellors practising Buddhist Counselling in Thailand?* Under this main question are the two sub-questions: a) *How does Buddhist Counselling work from the perspective of counsellors?* and b) *How do counsellors perceive the impact of their Buddhist Counselling practice?*

The first sub-question has been adequately addressed through the following three superordinate themes: *Buddhist Counselling as cultural congruence*, *Conceptualising Buddhist Counselling*, and *The intertwinement between the personal and the professional*. The findings from these themes have provided a detailed and complex picture of how Buddhist Counselling operates, from the perspective of the counsellors. The findings have also offered rich accounts of how the counsellors' cultural background played a significant part in shaping the counsellors' personal values and beliefs, as well as how their culturally-embedded selves played a significant role in their practice of Buddhist Counselling. In this way, my study has successfully expanded the dominant focus of the field on individual and relational aspects of the therapeutic experiences to include a revelation of the cultural and

moral elements of the counsellors' therapeutic experiences, an area that I have previously identified as having been left very much unexplored.

The second sub-question has been satisfactorily addressed through the two final themes: *The intertwinement between the personal and the professional* and *The experience of difficulties*. The findings from these two themes have provided an insight into the benefits and the limitations of practising Buddhist Counselling in Thailand from the counsellor's perspectives. With regard to the perceived benefits, the findings detailed the counsellors' experience of personal development as a result of their counselling practice. This personal development appeared to be largely the result of the counsellors' use of their pervasive cultural resource (i.e., Buddhist ideas and practices) as a path to their personal and professional developments. Indeed, the findings have shown the circular and complex process of counsellor development: personal change leading to professional change, and back again. In other words, the findings have suggested that the counsellors not only moved the therapeutic encounters but they themselves were also moved by such encounters. In this respect, my study can be regarded as an illustration of how cultural resources and counselling practice are integrated in order to benefit the personal and professional development of the counsellors.

As for the perceived limitations, the findings have indicated the counsellors' felt sense of career insecurity due to the unknown status of Buddhist Counselling. The findings have also presented the counsellors' making sense of what caused the difficulties in their practice. In this way, my study provides an insider perspective on the current status of Buddhist Counselling and the counselling profession in Thailand in general, as well as the challenges faced by the practitioners.

In Chapter 2, I have pointed to the dearth of research on counsellors' lived experiences of Buddhist Counselling. My study makes a significant contribution to the existing literature by providing richly detailed and nuanced accounts of Buddhist Counselling practice in contemporary Thailand from the practitioners' perspectives. Adopting hermeneutics, the study demonstrates how the counsellors are shaped and influenced by their culture and how the practice of Buddhist Counselling is culturally and morally embedded.

7.3 Discussion of clients' experiences of receiving Buddhist Counselling

In this section, I discuss my research findings presented in Chapter 6 in relation to the relevant scholarly and empirical literature. Prior to this discussion, there are some important issues that require my clarification.

The first issue is concerned with the first superordinate theme *Pathways to counselling*. As previously noted in Chapter 6, none of the clients specifically chose to attend Buddhist Counselling. As such, the findings from this theme did not represent the clients' experiences of entering Buddhist Counselling. Rather, it presented the clients' journeys towards counselling. Although I have presented these findings in some detail in Chapter 6, they are not the main focus of my research. Accordingly, I restrict my discussion of this theme.

The second issue is that in order to better address each superordinate theme, I discuss the findings from the second superordinate theme, *Clients' perceptions of Buddhist counsellors*, separately from the third superordinate theme, *Buddhist aspects in Buddhist Counselling*. However, I consider these two themes as representing the clients' perspectives of how Buddhist Counselling works or what are helpful aspects of Buddhist Counselling. I end my discussion by considering the key findings from these two themes in a holistic manner. It is also important to stress that there was a significant difference in the amount of time that the clients spent in the counselling; while Meena had around twenties sessions of counselling, Sirin and Wandee told me that they met their counsellors only once. In contrast to my study, most existing studies into clients' experiences of therapy have been based on clients who had longer terms of counselling or a series of it, for example, at least six counselling sessions. This difference clearly limits the direct relevance of the findings of my study to those of other existing relevant studies. Despite this limitation, exploring my research findings in relation to the relevant body of the counselling literature is undoubtedly important in generating meaningful knowledge. With such limitations in mind, in discussing these two themes, when talking about the meeting between the clients and the counsellors, I use the term "the therapeutic meeting", instead of the term "the therapeutic relationship" as generally used in the counselling literature.

The final issue is that in order to shed some further light on the research findings, where relevant, I make some reference to the commonalities and distinctions between the counsellors' and clients' accounts.

7.3.1 Pathways to counselling

The findings from this superordinate theme have indicated that the clients' pathway to counselling is far from straightforward; instead it is contextually dependent, and socially influenced, yet agentive. Given that it was the clients' first time to seek counselling, this finding is not surprising. The clients' accounts of their journeys to counselling can be broadly related to Saunders's (1993) four stages of the help-seeking process, which consists of a) recognising the problem, b) having an idea that counselling might be helpful, c) deciding to seek counselling, and d) contacting the counselling service. The first step, recognising the problem, was identified as the most time consuming. This means that only when the clients recognise that their problem is severe enough will they follow the remaining three steps.

The finding has also indicated that the clients' recognition of problem severity, together with their feeling of helplessness, are the most powerful factors contributing to the clients' decisions to enter counselling. All three clients used the same Thai phrase, *ไม่ไหวแล้ว* (I couldn't bear anymore), to indicate that the feeling of being overwhelmed and unable to bear their suffering had led them to the counselling. The clients also used the word "darkness" (Sirin and Wandee) and "zombie" (Meena) to depict how severe their conditions were prior to the counselling. The clients also stated that they would come to counselling only when the problem is so severe that they could not find other possible ways to work it out. This finding is in agreement with a number of studies on clients' experiences of counselling, indicating that the feeling of despair brings clients to therapy (Bury et al., 2007; Hodgetts et al., 2007; Mason & Hargreaves, 2001; Williams et al., 2011). The clients' consideration of counselling as the last resort can also be seen as an indication of their unfamiliarity with this way of healing. Given that the counselling profession in Thailand has only recently been established and is still unknown to the public (Tuicompee et al., 2012), such perceptions as expressed by my client participants are not surprising.

The finding from this theme has also shown that two clients reported some reluctance about seeking therapy. Wandee expressed her fear of being judged negatively by others if seeking a mental health service. This fear of negative judgement is often termed in the help-seeking literature as *social stigma* (Vogel, Wade, & Hakke, 2006; Vogel, Wester, & Larson, 2007). This social stigma is thought to be a consequence of people with a mental illness often being described in negative terms by the public (Angermeyer & Dietrich, 2006). The social

stigma can affect the individual's tendency to internalise the social stigma (i.e., self-stigma) and self-stigma can then negatively impact the individual's attitudes toward and willingness to seek help (Vogel, Wade, & Hackler, 2007). In this light, Wandee's fear of being labelled as crazy perhaps reflects her internalisation of the mental illness stigma pervasive in the society (Prior, 2012) and this perceived social stigma then made her reluctant to seek counselling.

The concern about a breach of confidentiality as a result of self-disclosure was found to make one of the clients, Meena, reluctant to seek counselling. In the help-seeking literature, self-disclosure is defined as "a process whereby a person verbally reveals private feelings, thoughts, beliefs, or attitudes to another person" (Vogel & Wester, 2003, p. 351). Meena's anticipated risks of seeking counselling (i.e., a breach of confidentiality which can bring shame and embarrassment) is indicative of her concern about the negative consequences resulting from giving up her own private information to the counsellor.

Moving onto the contributing factors of seeking counselling, the findings showed that the clients' decision to seek help was at least partially influenced by the people they were close to. Wandee and Sirin referred to a niece and a boyfriend respectively as being an influence on their idea to seek counselling. Research has indicated that knowing someone who recommends seeking counselling and who himself or herself had sought counselling has a significant influence on one's perception of seeking help as a social norm (i.e., the perception that one would be accepted by his or her social network for seeking counselling) and this then potentially influences one's attitudes and intentions to seek counselling (Vogel, Wade, & Hackler, 2007). The finding of the current and previous studies, revealing the influence of others on a person's attitudes and intentions to seek counselling, lend support to the hermeneutic perspective that *our being-in-the-world* is always intersubjective (Heidegger, 1927/1962).

The hope of becoming well was also found to be another factor that encouraged all three clients to seek counselling. Within the counselling literature, hope is defined as "a wish or desire for something accompanied by an expectation of or belief in obtaining it" (Dew & Bickman, 2005, p. 23). Consistent with my finding, many previous studies exploring counselling from the clients' perspectives, also indicated that clients came to therapy with a desire to have their lives improved (Bury et al., 2007; Mason & Hargreaves, 2001; Pert et al., 2013; Williams et al., 2011).

In addition, particularly noticeable is that the three clients who took part in my study were all females. Although the gender issue was not set as one of the recruitment criteria and was not the focus of my study, it is interesting to note that previous studies within the help-seeking literature have reported that women are more likely to seek mental health services than men (Moller-Leimkuhler, 2002; Oliver, Pearson, Coe, & Gunnell, 2005). In these studies, men's under-utilisation of mental health services was assumed to be largely caused by the traditional norms of masculinity (i.e., the idea that emotional vulnerability and the need for help are perceived not to be masculine).

In essence, reviewing the clients' stories about their journeys towards counselling, I had a strong sense of the clients' motivation to change. The decision to seek counselling, which was for them an unfamiliar way of healing, is suggestive of the clients as motivated and active agents who strived towards positive changes in their lives.

7.3.2 Clients' perceptions of Buddhist counsellors

The main findings from this theme have suggested that all three clients placed a high value on their counsellors' non-judgmental listening, accurate empathy, and acceptance, and they considered these personal qualities of the counsellors as significant to their positive therapeutic experiences.

Despite their limited time in counselling, Sirin and Wandee felt that there was enough empathy, acceptance, and trust in those few hours of the counselling for their therapeutic experience to be meaningful and helpful. Particularly striking in the findings is the clients' comparisons between talking to the counsellor and talking to other close people (i.e., friends or siblings): they perceived talking to their counsellors as being more special and therapeutic than talking to others. It was this perceived quality of the therapeutic meeting that facilitated the clients' self-disclosure, a sense of comfort, a sense of self-worth, and a feeling of relief. In this respect, McLeod's (2009) view that the unique nature of counselling can even be perceived and valued by clients in the short-term counselling resonates well with my research finding:

The relationship between a client or patient and their therapist is probably unique for the majority of people who enter counselling. Even in short-term counselling, the person is exposed to a situation in which another person will listen to him or her for several hours, will make every effort to see issues and dilemmas from the speaker's perspective,

will treat what is said with extreme respect and confidentiality and will abstain from seeking to gratify any of their own needs during this time. There is a deep caring and sense of being “special” that is unusual or even absent from the experience of [the clients in their everyday lives]. (p. 390)

In agreement with the finding of my study, there is a considerable consensus within the counselling literature that the quality of counsellor-client relationship lies at the heart of clients’ positive therapeutic experience and outcome, regardless of which counselling approach is being offered (McLeod, 2009). Despite the different focus on researching different therapeutic approaches, groups of clients, and various times clients spent in therapy (i.e., short- and long-term counselling), previous research inviting clients to describe what was helpful in their therapeutic experience have consistently reported that clients considered the counsellors’ ability in generating accepting, caring and trusting relationship as key to their positive therapeutic experience and outcome (e.g., O'Connor et al., 1997, Hodgetts et al., 2007; Messari & Hallam, 2003; Pert et al., 2013). For example, a recent IPA research conducted by Pert et al. (2013) who explored the experiences of clients with mild intellectual disabilities attending CBT reported that the participants perceived their therapeutic experience as special and they expressed the value of talking to their counsellors over that of others close people. Given that decades of research has consistently shown that clients across all forms of therapy place a high value on the quality of therapeutic relationship, it is not surprising that this relational aspect of counselling is generally termed in the counselling literature as *a non-specific factor or a common factor* (Lambert & Barley, 2001; Ward, Linville, & Rosen, 2007).

The clients’ emphasis on the value of the therapeutic relationship raises the question as to why this is so important. In my research finding, there is the link between the clients’ perceptions of the counsellors’ empathy and their self-disclosure. This link is evident in Meena’s and Sirin’s accounts. Believing that the counsellor would understand and accept her, Meena felt free to open her personal feelings to the counsellor in the way that she never did even with her siblings. In my interpretation, it is this openness that made Meena feel close to her counsellor and that influenced her description of counsellor as a close friend. Another client, Sirin reported the feeling of “smiley” when the counsellors gave her accurate empathy and this encouraged her to further disclose her feelings. These findings can be broadly related to the previous research that showed the connection between the quality of

counsellor-client relationship, an increased self-disclosure, and a sense of relief (Farber, Berano, & Capobianco, 2004).

I conclude on the basis of my participants' accounts that no matter how long the clients spent in the therapy, the quality of the counsellor-client relationship that is characterised by empathy, acceptance, and trust always lies at the heart of their positive and meaningful therapeutic experiences. Such quality of the relationship is important because it facilitates the engagement of the clients in therapy. Bohart's (2000) assertion of how therapy works resonates well with my finding:

Clients who feel related to in a warm and empathic manner will be more likely to experience therapy as a safe space in which to take risks and learn. Feeling accurately perceived, they will also be more likely to invest themselves in the process. (p. 136)

Orlinsky, Grawe, and Parks (1994) suggested that when a client is open to a counsellor, he or she is more willing to engage in the therapeutic process. This willingness then encourages the client to be readier to be open to and absorb the therapeutic experiences, thereby being more likely to gain benefits from therapy. Similarly, in a meta-analysis on clients' contributing factors to the positive outcome of therapy, Cooper (2008) indicated that the level of clients' motivation and active involvement in therapy is highly significant to the positive therapeutic outcome.

It is noticeable within the counsellors' and clients' accounts that there is a shared emphasis on the significance of counsellors' therapeutic presence and empathy in generating effective therapy. The counsellors believed that how effective they are in the counselling depends on how much they can be fully present with the client and they considered this therapeutic presence as a platform to accurately tune in to the clients' feelings and to gain an insight into how to respond to the client's concerns. In a similar vein, the clients perceived the counsellor's therapeutic presence ("He was always with me"), and of the counsellors' accurate empathy ("He truly understood me") as significantly linked to the amount they gained from counselling.

7.3.3 Buddhist aspects in Buddhist Counselling

Particularly striking in the findings from this theme is the clients' attribution of their gained insights to the three main Buddhist ideas (i.e., letting go of attachment, being in the present, and compassion) conveyed by their counsellors.

The clients felt that their counsellors tried to cultivate the accepting and letting go attitudes through various means. For example, Wandee reported that her counsellor used the question (“The counsellor asked me if I could live with my children all my life”) to raise her awareness of the impermanent nature of the relationship. I understand that underlying this application is the counsellors’ idea that an awareness of the impermanence can help to facilitate the clients’ detachment from her expectations, and thereby suffering less. Sirin’s counsellor appeared to use phrases such as “Sirin...this is what already happened” to facilitate an awareness of her current situations in that they could not be changed, but should be accepted. Meena’s counsellor introduced the concept of “blowing a grey cloud” and “ignoring the knocks” in attempts to facilitate her ability to let go of cyclical thoughts.

The clients also reported that their counsellors tried to help them to focus on the present, rather than dwelling on the past and on negative thoughts. Sirin felt that her counsellor encouraged her to focus on what she could do in the present. Meena talked about how the counsellor taught her to meditate in the counselling room. Wandee was encouraged by her counsellor to continue doing her Islamic chanting at home in order to feel at peace. Underlying the counsellors’ application of this concept is the belief that to focus on the here and now moment can potentially increase the clients’ ability to let go. In agreement with my findings, the observation by Frewen, Evans, Maraj, Dozois, and Partridge (2008) suggested that there was an association between mindfulness and the capacity to let go; people with a greater ability to be mindful were found to possess a greater ability to let go of negative automatic thoughts, thereby being better able to control their own cognitive experiences:

The capacity to let go of negative thinking may therefore increase individuals’ capacity for cognitive flexibility, freeing the individual to direct his or her attention toward more adaptive lines of thought, problem solving, and courses of action. (p. 771)

Moreover, the clients revealed that their counsellors helped them to come to realise the positive things in themselves and the shared and temporal human condition of suffering, and these enabled them to be more compassionate with themselves. These descriptions are broadly consistent with the concept of self-compassion described by Neff (2003). Drawing on various writings of the Buddhist concept of compassion from Theravada Buddhism, Neff specifically defines self-compassion as comprising the three main components of a) self-kindness: being kind and understanding towards oneself in the encounter of pain and failure,

rather than being unkind or self-critical; b) common humanity: recognising that facing failures or difficulties, making mistakes, and being imperfect are part of the shared experience of human beings, rather than seeing them as “isolated experiences”, as if it is “only me” who is facing such experiences; and c) mindfulness: neither suppressing nor exaggerating the negative feelings, but being aware that such negative feelings do not exist permanently.

The finding has also suggested that the three main Buddhist ideas were conveyed by their counsellors through various ways, for example, through *identifying* (e.g., “when I finished talking eventually he said ‘Sirin...this is what already happened’” (Sirin)), *asking questions* (e.g., “He asked ‘what do you think you can do at this moment?’” (Sirin)), *suggesting* (e.g., “She used the well-known monks’ and the Buddha’s teachings, she gave me examples about those teachings” (Meena)), and *giving direction* (e.g., “She also taught me how to do meditation” (Meena)). Through these ways, the clients reported insights into the causes and potential solutions of their problems. This finding can be related to the study of Watson, Cooper, McArthur, and McLeod (2012), who reported that the factors that facilitate the clients’ insights are counsellor activities such as the use of questions, identification, suggestions, comments, and direction-giving.

Particularly interesting in the findings is the clients’ emphasis on the value of the counsellors’ directive interventions. Wandee and Meena attributed their gained insights to the counsellors’ ability to identify their problem and to offer specific ways of thinking. Another client, Sirin expressed her disappointment over not receiving direct advice about what she should do with her problems as she had expected, and she expressed her preference for the more directive counsellor. This finding is consistent with the study of Messari and Hallam (2003) whose research explored the clients’ experiences of CBT and reported that the clients placed a high value on the educational aspect of the approach. It is interesting to note that this view as expressed by the clients is different from that of many counsellors who did not see their practice of Buddhist Counselling as being educational. Instead, they considered their practice as different from the therapeutic work carried out by a monk. For the counsellors, Buddhist monks usually give suffering people advice and directly teach them Buddhist teachings. Conversely, the counsellors claimed that although they may feed in some Buddhist teachings, they would do so subtly and only after they felt that the client was ready for that intervention.

As my client participants are embedded in Thailand where Buddhist teachings are pervasive cultural resources, I believe that the Buddhist ideas discussed either implicitly or explicitly in the counselling are not new concepts for them; rather they had already been embodied in the clients' existing preconceptions (Gadamer, 1975/2013). This was especially the case for Meena and Sirin who had identified themselves as Buddhists. Of the three clients, Meena was oriented to Buddhist ideas and practices most explicitly by her counsellor and she considered Buddhist components in the counselling as suitable for her existing beliefs, or in her own words "I think it was good because I am also faithful to those Buddhist teachings and the monks that Panjit (her counsellor) mentioned". As for Wandee, although she had a different religious background from the other two clients, she shared her sociocultural background with them. As such, I believe that Wandee was inevitably influenced by the Buddhist culture, at least to some extent.

The influence of living in a predominantly Buddhist country on Wandee's familiarity with Buddhism can be seen through her comparison between her Islamic breathing and Buddhist meditation, and her evaluation of the counsellor's intervention as being the right one for her. My observation of the Buddhist influence on Wandee is also informed by her contextual background. Wandee is a Thai-speaking Muslim who lived in Bangkok, Thailand's capital city situated in the central region of Thailand. It has been indicated that Central Thai Muslims share several attitudes and values with the majority of Thai Buddhists (Knodel et al., 1999). In addition, adopting hermeneutics, I understand that due to Wandee's immersion in the predominantly Buddhist country, she inevitably adopted some Buddhist attitudes and values.

To conclude, the findings from the two themes, *the clients' perceptions of Buddhist counsellor* and *Buddhist aspects in Buddhist Counselling*, have suggested that both relational aspects of the counselling (i.e., non-specific factors) and Buddhist concepts underlying Buddhist Counselling (i.e., specific factors unique to Buddhist Counselling) were perceived by the three clients as key to their positive therapeutic experience and outcomes. In my presentation of the findings, although I have divided the clients' accounts of what happened in the counselling into two different themes, in the interview transcriptions the clients indeed talked about such therapeutic experience in a holistic manner, rather than separate one from another. A typical account by Meena illustrates this point:

I could tell her anything, she kept my stories confidential, she understood and believed me, and these things made me feel better and made me believe in her too. She studied, so she knew how to be with me and how to apply techniques and principles, and I feel they are the right treatment for me, what she said to me sound reasonable and it made me think differently. (Meena)

This extract suggests that there is a close link between the relational and insightful aspects of the counselling. Specifically, the development of the clients' insight is facilitated through the therapeutic interaction where mutual trust is perceived. In addition, as earlier discussed, the clients in my study are believed to be already familiar with the Buddhist ideas underlying the counselling through their cultural embeddedness in Thailand. Although such Buddhist ideas are pervasive in the society in countless ways, for example, through mass media, self-help books, and everyday conversations, it is within the special context of the trusting relationship that encourages the clients to open themselves to the counsellor and explore their own suffering in relation to the Buddhist concepts fed in by the counsellor. When the Buddhist ideas were offered, they were actually not particularly new to the clients, but were calling upon the pre-existing set of moral visions that profoundly belonged to the clients. When these pre-existing moral visions were called upon and were related to the clients' own stories in this special and specific context, such moral visions were strengthened and gave the clients a sense of purpose and direction (Taylor, 1989).

7.3.4 The impact of Buddhist Counselling

The main finding from this final theme has indicated that all three clients perceived Buddhist Counselling as helpful and meaningful in that it had made a difference to their lives. These clients described the impact of Buddhist Counselling in terms of positive changes which include symptomatic changes (e.g., I don't need to depend on medicine, less depressed, less stressed), cognitive and emotional changes (e.g., I could stop dwelling on my thoughts, more able to think, my thoughts were better, relief), and behavioural changes (e.g., I lived my life better, I could better control myself more). These findings are broadly consistent with a number of studies exploring the impact of therapies on clients, indicating that the therapeutic change is often described by clients as experiencing a shift in feelings, thoughts, and actions from negative to positive (e.g., Clarke et al., 2004; Fitzpatrick et al., 2010; Kaewpeng, 2011; Pert et al., 2013; Sittiwong, 2012; Williams et al., 2011).

The maximum time that clients are likely to spend in therapy is only “one hour out of 168 hours within a week time period” (Thomas, 2006, p. 201). In my study, Sirin and Wandee reported seeing their counsellors only once. Given such a little amount of time spent in Buddhist Counselling, I wonder what factors contributed to the changes they reported. While the clients’ experience of change from one session of Buddhist Counselling does seem surprising, the finding that clients gain benefits from short-term therapy is not new. A quantitative study by Tang, DeRubeis, Hollon, Amsterdam, and Shelton (2007), for example, indicated that around 40% of clients who received cognitive therapy experienced what they called “sudden gains”, having substantial improvements in symptoms in one between-session interval. However, this quantitative study did not explain what may bring about such sudden gains. In my study, there is an obvious tension in the clients’ accounts; while the clients directly attributed their positive changes to the work of their counsellors, they also spoke at length about their own efforts to make a difference to their lives. Indeed, the clients felt that they spent most of their times outwith therapy, so they could not totally rely on the counsellor for feeling relief. In contrast, they felt responsible for finding their own ways to transform what they had learnt in therapy to heal themselves. This finding is resonant with the view of clients as active self-healers “who operate on therapist input and modify it and use it to achieve their own ends” (Bohart, 2000, p. 132).

The finding has suggested that there were two main ways in which the clients creatively made use of the input from their counsellors to achieve their own therapeutic benefits. The clients reported calling upon the ideas gained from the therapeutic conversation in times of distress outwith the therapy as a means to comfort themselves. Wandee, for example, called upon the idea that “I can’t live with my children forever, I should do my best and just this, I should be happy” to soothe her sadness about her children. Consistent with my study, Geller and Farber (1993) have also indicated a relationship between a client’s internalisation of the counsellor’s influence and the therapeutic positive change. Calling upon the counsellor’s influence outside of therapy was found to increase the clients’ capabilities to “preserve, reinforce, and supplement the gains derived from interactions with their therapists that they originally experienced during therapy sessions” (p. 176). Similarly, another qualitative research by Knox, Goldberg, Woodhouse, and Hill (1999) found that clients maintain their connection with therapy through their *internal representations of the counsellor*: “clients

bringing to awareness the internalized 'image' (occurring in visual, auditory, felt presence, or combined forms) of their therapists when not actually with them in session" (p.244).

Mosher and Stiles (2009) discussed clients' internalisation of the counsellor in terms of *the voice of the therapist*. Explaining the meaning of this voice, the authors write: "The metaphor of voice is meant to evoke the ways one's experiences continue to speak from and to the self long after the events themselves have passed" (p. 433). This suggests that the impact of therapeutic conversations goes beyond the counsellor's physical presence and the counselling room. The finding that the client's use of the voice of the counsellor for self-healing may also be understood through Martin and Sugarman's (1997) concept of psychological change, which is viewed as "a process of appropriation and practical application through which clients internalize therapeutic conversations and activities, which they then use as psychological tools to restructure personal theories, experiences, and actions" (p.375). I suggest that through the therapeutic context a client's personal beliefs are investigated, challenged, and elaborated. In this way, their thoughts, feelings, and understandings can be appropriated. As active agents, the clients are capable of memorising, thinking, and reflecting on the therapeutic conversations and activities and then of deciding which to disregard and which to take into their unique life circumstances.

In addition, the clients reported using their religious practices (i.e., Buddhist meditation and chanting, and Islamic breathing) as another means for self-healing. Wandee used her Islamic breathing to feel at peace. Sirin felt that Buddhist chanting helped her to better accept suffering. Meena adhered to both Buddhist chanting and meditation to stay present in order to reduce her cyclical thoughts. Meena also expressed her preference for Buddhist chanting over meditation. For her, as chanting involved reading long and difficult texts, she felt that this enabled her to better concentrate on the practice and subsequently on the present moment than meditating. This finding suggests that being present can be fostered not only through meditation as widely reported in the literature (e.g., Brown & Ryan, 2003; Lykins & Baer, 2009), but also through chanting. In line with my finding, a quantitative study by Kenny, Bernier, and DeMartini (2005) whose work investigated the effects of an eight-week chanting programme on psychological well-being with 11 mildly to severely depressive participants, reported the participants' psychological improvement after the programme and suggested that chanting can be an effective means of psychological healing that can produce both immediate and longer-term effects if it is frequently observed. Compared to the

considerable body of literature on Buddhist meditation, the role of Buddhist chanting on psychological healing has received very limited attention within the existing literature. My finding adds to this small body of literature by suggesting the potential benefits of chanting on psychological healing.

Meena's and Sirin's accounts of adopting Buddhist practices in times of need outwith therapy is in line with other studies indicating that it is a common phenomenon in Thailand when Thai Buddhists who never pay attention to Buddhist practices turn to religion in times of life crisis (Falk, 2010; Ross et al., 2007). I suggest that the clients' return to their religious practices is influenced not only through the relational context with the counsellors, but also through the cultural context. Of the three clients' accounts, Meena's account of her adherence to Buddhist meditation and chanting most vividly expressed this point: she attributed her adherence to the Buddhist practices and its effectiveness that she experienced to the social influences in which the value of Buddhist practices is highly emphasised. Based on these findings, I conclude that the clients' accounts of using the counsellors' words and their religious practices reflects their own striving for moral ways of being in their sociocultural living (Hoshmand, 2006).

In a similar vein, the counsellors also talked about the impact of their culturally-embedded self in a Buddhist country on their appreciation and adoption of Buddhist Counselling. Both counsellors and clients in my study perceived Buddhist Counselling as encouraging them to return to their familiar cultural resources and make use of them for therapeutic benefit. This shared concern captures the strongest voices of the counsellors and clients and illuminates the cultural and moral aspect of the counselling, I therefore consider it as the most striking feature of my research findings which merit special attention and further discussion (see 7.4).

All in all, for the clients, Buddhist Counselling is a meaningful experience; for Wandee and Sirin it helped to alleviate their suffering and cultivate a more accepting attitude and for Meena it saved her life. The clients began their journey towards the counselling with a feeling of uncertainty, indicating that counselling is an unfamiliar way of healing for them. Coming to the counselling, they inevitably carried their culturally-embedded self, the self that is contaminated with their cultural beliefs and values, with them. Within this therapeutic context, the clients' pre-existing set of values was again called upon. Indeed, the counselling

provided the clients with what McLeod (2006) calls “a particular vision of psychological and social well-being” (p. 60), a vision that posits acceptance, mindfulness, and compassion as desirable for a good life, or a less suffering life. These moral visions were not new to the clients; indeed they had been repeatedly presented to the clients through their immersion in Thailand. However, in Buddhist Counselling such moral visions were being conveyed more meaningfully through the understanding, accepting, and trusting qualities of the therapeutic meeting and in relation to the clients’ own unique life circumstances. It is through this encounter that the clients were encouraged to return to use their cultural resources for their therapeutic benefits. In this way, the client’s accounts of Buddhist Counselling represent a reciprocal influence between counselling and culture, an idea that echoes Woolfolk’s (1998) articulation that “the relationship between psychotherapy and culture is one of reciprocal influence. Psychotherapy continually absorbs and reflects the culture of which it is a part, while at the same time placing its own distinctive imprint on that culture” (p. 2).

7.3.5 Concluding discussion: Linking findings to research questions

In this section, I link the key research findings discussed in the previous four sections to one of the main research questions, *What are the lived experiences of clients receiving Buddhist Counselling?*. Under this main question are the two sub-questions: a) *How does Buddhist Counselling work from the perspective of clients?* and b) *How do clients perceive the impact of receiving Buddhist Counselling?*

The first sub-question has been answered through the two following superordinate themes: *Clients’ perceptions of Buddhist counsellors* and *Buddhist aspects in Buddhist Counselling*. The findings from these two themes have pointed to both non-specific factors (i.e., the quality of the counsellors’ relational skills) and the specific factors that are unique to Buddhist Counselling (i.e., the Buddhist concepts of acceptance, being in the present, and compassion) as key to the clients’ positive therapeutic experience. In this way, my study provides support to the exiting counselling literature by indicating that as with clients across various counselling approaches (e.g., Bury et al., 2007; Clarke et al., 2004; Donnellan et al., 2012; Poulsen, 2010) the clients in my study also placed a high value on the quality of the counsellors’ relational skills. What can be regarded as novel in my study is the revelation of the culturally-embedded nature of clients and of the role of Buddhist teachings in the therapeutic process.

The second sub-question has been successfully addressed through the final theme *The impact of Buddhist Counselling*. The findings from this theme have not only indicated the clients' experience of change but also explain how the counselling brings about such change. The clients described the impact of Buddhist Counselling in terms of a shift from suffering to growth. This shift appeared to be made possible through the clients' own efforts in internalising the counsellors' words and in adopting their own religious practices. In this respect, my study adds weight to the view that clients are self-healing agents who actively and creatively make use of what they gain from therapy to find healing (e.g., Bohart, 2000; Fitzpatrick et al., 2010; Hodgetts et al., 2007; Williams et al., 2011). Again, the clients' sense-making of why they applied such approaches has revealed the inseparable elements of the self and culture.

In Chapter 2, I have pointed out that much research into Buddhist Counselling has predominantly focused on measuring the effectiveness of Buddhist Counselling using quantitative methods; research that gives voice to the clients' lived experiences of the approach is extremely limited. Also, I have indicated that although the few existing qualitative studies explored the impact of Buddhist Counselling and reported the beneficial effects of Buddhist Counselling on the clients, the question of how it brings about such therapeutic benefits has been still left unanswered. I argue here that my use of IPA with its inductive, interrogative, and idiographic emphasis, helps to illuminate therapeutic processes operating within Buddhist Counselling and addresses the complexity of the clients' therapeutic experiences both in relation to the relational context and also to the cultural context. As such, my study makes a significant contribution to the field by being the first attempt to fill up such significant gaps in the existing literature.

Having already discussed the findings of each study separately, in the next and final section of this chapter I identify the key shared findings from the two studies and discuss them together, in light of the hermeneutic concept of identity and the good.

7.4 Discussion of counsellors' and clients' experiences of Buddhist Counselling

The most striking feature of the findings across the two studies is the participants' perception of Buddhist Counselling as a means of living in the *right* way. I use the word *right* here to refer to the participants' ideas of what they consider to be good, valuable and admirable to pursue in order to become a better person, a person who is able to be present and to let go

of attachment. For the counsellors, how well they achieved such ways of being depended on how seriously they adhered to Buddhist teachings, their “inside resource”. More specifically, the counsellors considered Buddhist Counselling as bringing them even closer to the Buddhist ideas and practices which were already a significant part of their *being-in-the-world*. Pursuing this Buddhist path professionally, the counsellors felt that they had a clearer understanding of Buddhist teachings and were better able to live up to them. In this way, I suggest that for the counsellors, the practice of Buddhist Counselling offers them an effective path to becoming not only better counsellors (i.e., more competent at counselling skills), but also better people (i.e., with better life skills).

Similarly, the clients considered Buddhist Counselling as a credible source of help, providing them with insights into how to live the right life through letting go of attachment, being in the present, and being compassionate. The clients believed that they could achieve these ways of being through their adherence to the counsellors’ words and their own religious practices.

The key finding that Buddhist Counselling is the right way to live is reminiscent of the idea that counselling theory and practice are fundamentally concerned with a particular vision of how a good life should be lived (Christopher, 1996; Eaton, 2002). Tjeltveit (2006) neatly states that, “therapy moves clients--to varying degrees--in particular directions, directions pertaining to particular understandings of the good life” (p. 192). My research finding has extended this line of thinking by suggesting that the practice of Buddhist Counselling also moves the counsellors in particular directions, according to their particular understandings of a good person and a good life.

While the counsellors’ main focus in applying Buddhist teachings in their daily life is to better serve their clients, the clients’ aim in adopting the ideas gained from Buddhist Counselling is to feel relief from suffering. Despite these different purposes, both groups of participants similarly perceived adhering to the Buddhist teachings underpinning Buddhist Counselling as a good thing to do. What is the source of this moral vision? Following hermeneutics, my answer to this question is that the participants’ cultural embeddedness is an intrinsic source of their gradual development as moral beings. I understand that the participants’ moral vision has largely derived from their immersion from birth into Thailand,

where Buddhist teachings have long been a source of Thai morality (Eoseewong, 2003; Ratanakul, 2004).

In Thailand, Buddhist teachings provide what Taylor (1989) calls “moral frameworks” within which the majority of Thai Buddhists can determine what is good, desirable, and admirable. For most of my participants, adhering to the Buddhist teachings in itself is understood to be the direction orienting them to the good life. Such frameworks are handed down to the participants through many forms of “articulations”, such as everyday talk, literature, mass media, rituals, and so on. It is through such articulations that Buddhist morality has deeply taken root in the minds of many Thai people, including my participants. In this way, following Taylor (1989), I suggest that such articulations bring the participants “closer to the good as a moral source” (p. 92).

The evidence of these interpretations is rooted in the participants’ accounts of the close relationship between the socially positive and pervasive articulations of Buddhist teachings and their moral visions. To illustrate this relationship, I have chosen to return to the accounts of Denchai (the counsellor) and Meena (the client) who, among all the participants, provided the most explicit and powerful descriptions of such a relationship. Let us look at the counsellor’s account first. The inseparable relationship between the self and culture is apparent when Denchai gave the following detailed description of how his Buddhist outlook has evolved:

When I was young I ... studied Buddhism as a subject at school. Though I didn’t pay attention to it, I felt it was a boring subject, but many Buddhist technical terms were introduced to me one by one. When I turned on the TV, there were always dramas about talking karma, about suffering, about monks, about Buddhist precepts. I’ve heard these ideas from the media, TV, radio. Books, including Thai literature, talk about these terms, these concepts [...] Buddhist ideas often figure in the conversations I have with people, my parents have also talked about these since I was young. Going to a temple, though I didn’t pay attention to what the monks said I still heard something [...] I saw that my outlook on the problems and the nature of the human mind is based on Buddhist ideas. What I mean is that Buddhist worldview is inside me and I always carry this part with me. (Denchai – Interview)

Denchai clearly depicts his *being-in-the-world* as surrounded by what Taylor (1989) calls “articulations” of the good, from which he has a sense of the significance of things. Another way of saying this is that Denchai derives what matters to him through his dialogical

interchange with others over time in the Thai cultural context. Despite little or no attention to such articulations, Denchai is inevitably conditioned by the moral visions handed down by the tradition to which he belongs. Resonant with Taylor's idea, the taking of moral stances for Denchai is far beyond his own choices, desires and aspirations. In the following, Denchai explicitly acknowledges that he ineluctably brings his moral frameworks into his therapeutic practice:

As I'm a Thai and grew up in a Buddhist context, and then when I studied there is Buddhist Counselling as well, when applying Buddhist Counselling I can apply my Buddhist outlook on life to my counselling work, and doing this I can use myself to work fully, so I chose to practise this approach.

Denchai's statement above signifies the compatibility between his cultural identity and his counselling practice. He suggests that the authenticity of his counselling practice increases when the moral frameworks underlying those two realms are congruent. The next extract from Denchai further illustrates this point where he explicitly reveals the congruence between the way he works for himself and for his suffering clients:

From my experience, I found that looking at my suffering was okay, but I had to look at it really really clearly until I found how heavy it was, why I still clung to it, and then I felt relief. So when I work with clients and I find that they still want to be with their suffering, I'm able to help them in a Buddhist way look at their own suffering mindfully, help them be in touch with their direct experience of suffering, and eventually realise how much they are suffering.

Here, Denchai expresses his sense of the good; what he considers as desirable is to look at suffering mindfully. He believes that this way can help his clients to come to terms with their suffering and this can reduce the clients' suffering. This implies that for Denchai, there is a relationship between detachment and the relief of suffering: he seems to believe that he can help his clients to achieve the good life, a life that contains less suffering, through promoting the clients' ability to let go of what they are clinging onto.

Adhering to the Buddhist teachings, for all the counsellors, is the right way to live through which they can personally and professionally develop themselves; it enables them to better manage their own suffering and also their clients' suffering. This sense of satisfaction, or in Taylor's (1989) language "love what is good" (p. 93) is "the Good itself in a fuller sense" (p. 92), functions as another moral source as which it encourages the

counsellors to better live up to the Buddhist moral frameworks, and also gives them a sense of purpose and direction, in this case, to maintain their professional career as Buddhist counsellors.

Among the clients, Meena most explicitly expressed the inevitable influence of her situatedness in the Thai Buddhist community on the development of her moral visions:

I: How did you feel about the counsellor introducing Buddhist teachings into the counselling process?

S: Um ... it was good. It's a truth of life, many people have done it and it's good, and I'm faithful to the Buddhist teachings she referred to. This made me believe and lean in that direction ... I think it's suitable for me.

I: You mentioned Chinabunchorn, it is in Pali, so how could this have an impact on you?

S: Because I've long known about this, that if you listen to it or chant it, it will be good. I only believe it, as I can't reach that high. I never thought that I would face this problem, I never thought to use this, and I've just heard old people and other people say that doing this is good. Many people who have a problem do this. And when I faced a serious problem, I, um, I don't know if it's because people have been saying that it's good all my life, that I believe it, but when I did it, I could get into it quickly, and yeah, it was as good as others said. I put my faith in it. I think everything depends on what we believe and have faith in.

In this extract, Meena is expressing the link between her cultural background, her faith in Buddhist teachings, and her positive evaluation of Buddhist Counselling. My interpretation is that Meena's evaluation of Buddhist concepts underlying Buddhist Counselling as "good" and as "a truth of life" has been shaped and influenced by her tradition. This is apparent when Meena repeatedly refers to *the voices of others* as the powerful moral sources offering her the positive perceptions of following Buddhist teachings. Such pre-existing moral visions are then further enhanced through her experience in Buddhist Counselling, where they are reiterated and more importantly are linked more directly to her own life situation. I suggest that while Meena herself adopts Buddhist teachings for her survival, this choice is in fact beyond her own desires. This is apparent when Meena said that she never thought about following Buddhist ideas and practices until that she experienced "serious" suffering and that she was recommended the Buddhist ways of healing by her counsellor:

I was so disappointed, so I think I couldn't just stay still. If I didn't...didn't follow, um it's worth trying, I had no choice, I had no choice, it was only this way left. Before others had suggested this way too, but I never followed, if I followed, I would be fine, but if not, I would be dead. My symptoms were so serious at that time, I was like a zombie. I was so terrible at that time, I just wanted to die all the time. So, I needed to follow the counsellor's suggestion seriously, and start taking care of myself seriously.

Here, Meena is saying that she has *no choice*, so she necessarily adheres more seriously to the traditional way of healing available in her society. In this sense, Meena is committing to what she believes is the best moral choice available. Her moral action involves "giving priority to moral values over other personal values and making a decision to do what one thinks is right" (Nicholas, 1994, p. 76). Although Meena's statements above indicate her own choice and effort in healing herself, her account is resonant with Taylor's idea that we inescapably act within moral frameworks, handed down to us by our tradition.

Similar to the accounts of the counsellors, Meena's descriptions of how Buddhist Counselling works also suggest that underlying the practice of Buddhist Counselling are the concepts of detachment (*ploy-wang*) and acceptance (*thum-jai*):

She [Meena's counsellor] used the well-known monks' and the Buddha's teachings, she gave me examples about those teachings – let things go, and don't cling too much.

As with Meena, the accounts of Wandee and Sirin also point to these two Buddhist concepts as the moral frameworks underpinning Buddhist Counselling:

The counsellor told me that I can't live with them forever, one day we would have to separate. So how should I think and behave with my children? I knew that I had to let them be free. Before, I couldn't think like this, I always had a strong idea how things should be, but it wasn't like that, I couldn't always direct my children. (Wandee)

He tried to help me to be aware of myself and of what the current situation was. He let me think on my own ... He asked "what do you think you can do at this moment?" And what I could do at that moment was to accept the reality, as I can't change the past but I can now give my family support as best as I can. (Sirin)

According to these accounts, engaging in Buddhist Counselling the clients are moved towards the certain views of the good. Returning to Meena's positive evaluation of her adherence to the Buddhist ways of healing: "When I did it, I could get into it quickly, and yeah, it was as good as others said". The good as identified by the tradition is now confirmed through

Meena's own direct experience. This suggests that although Meena's perceptions of the good are shaped by an interchange with others, she is indeed capable of interpreting and reinterpreting the good given by the tradition in the light of her evolving ideas and practices. Meena's positive experience of following the Buddhist teachings as suggested by the counsellor brings about her positive evaluation of her therapeutic experience as being *the right way to survive*: "If I hadn't met the counsellor, I would not have a solution and I would have found a way to die". My conjecture is that this evaluation of Buddhist Counselling is, to a significant extent, the fruit of the cultural embeddedness of the approach. This means that Buddhist Counselling, for Meena, is effective because it operates from within the moral framework that is congruent with her pre-existing values of what is worth striving for. I also understand that Meena's experience of change is largely the result of her own attempt to embody the Buddhist moral visions in moving towards a life of less suffering. As such, inspired by other hermeneutically-inspired scholars (e.g., Christopher, 1996; 2001; Eaton, 2002; Hoshman, 2006), I suggest that Buddhist Counselling in particular, as well as psychotherapy in general, should be better understood as a historically situated, culturally bound, and morally constituted activity of people who are concerned with improving the quality of their lives and their community, rather than the transcultural and merely relational work of morally-neutral practitioners.

7.5 Reflexive conclusion

In this chapter, I have attempted to understand the counsellors' and clients' experiential accounts of Buddhist Counselling in relation to the wider relevant body of literature. Central to this chapter is the theoretical adoption of hermeneutics to discern the cultural and moral aspects of the participants' therapeutic experiences. Through this theoretical application, I have come to a new understanding that the practice of Buddhist Counselling is culturally and morally embedded. Arriving at this understanding requires a close exploration of the shared meanings of the counsellors and clients experiential accounts.

In my attempt to understand the claims and concerns of my participants, I found myself looking back at myself with those claims in my mind. In doing so, I was trying to consciously make a link between the participants' claims and my existing knowledge and experiences. Sharing cultural meanings and background with my participants, I feel that the meaning-making process generally ran quite smoothly. This means that our shared cultural

background was of great help, enabling me to grasp their meanings, most of the times, almost immediately, yet largely superficially. However, in attempts to document my understanding of their meanings and understandings more deeply and meaningfully, I found myself a number of times struggling, really struggling. To a certain extent, I feel that this struggle was basically caused by the complex, ambiguous, and opaque nature of human experience. But most importantly, to a large extent, I think that this struggle had its roots in the fact that I have taken countless shared meanings for granted. Recognising the limitations of my horizon invites me to be open to other possibilities of understanding, other than my existing background knowledge.

In the search for new knowledge through the relevant bodies of literature, I found my openness enabled me to be capable of understanding others and of accommodating my existing understandings to other newer and more insightful ones. This means that the process of coming to the new understanding was circular; although I started the interpretation with my fore-structure and this fore-structure inevitably influenced my understanding of the participants' accounts, my openness to new understandings from other materials facilitated my insights into the phenomenon under investigation. As a result of this, my fore-structure was tested, broadened, and integrated with the new insight. In this way, I acknowledge the significant part of my culturally-embedded self in the co-construction of knowledge that I have presented in this chapter.

Chapter 8

Conclusion

8.1 Concluding discussion

As described at the beginning of this thesis, this research emerged from my personal experience and interest following my training in Buddhist Counselling. In my view, listening to counsellors and clients talking about their counselling experiences can allow us to capture the complexity and richness of such experiences, thereby advancing our knowledge base and understanding of Buddhist Counselling. However, as previously noted, due to the dominance of the positivist research paradigm during my time in that training programme, I was only exposed to quantitative research and subsequently conducted quantitative research measuring the effect of a Buddhist Counselling group on clients' life satisfaction. Carrying out this qualitative research is thus the truly new realm of my learning.

Undoubtedly, starting my PhD with this project I was overwhelmed by and lost in this unknown territory. With all its highs and lows over these past few years, through my intensive independent study and attentive supervision, I feel that I have significantly gained in knowledge, skills, and confidence for carrying out this IPA research and also for becoming an independent researcher. This qualitative study has taught me to pay very close and careful attention to detail, nuances, and context. It was such careful attention that has given me the ability to think more critically and interpretatively about various aspects of my research process and data.

Importantly, this research, to a significant extent, has taken me into unexpected territory. It not only allowed me to have a better understanding about counsellors' and clients' lived experiences of Buddhist Counselling as I originally intended, it also pushed me to go much farther and to see the relationship between the self, culture, and Buddhist Counselling that is inherently embedded in my participants' accounts. In an attempt to find a way to make sense of such a relationship, I found hermeneutics, one of the theoretical underpinnings of IPA, very helpful. Through such theoretical adoption, I have learnt to think more consciously, closely, critically and culturally about the phenomenon under investigation, and to bring a cultural and moral perspective to understanding the personal meanings of Buddhist Counselling. From this, I feel that I can more clearly see cultural and

moral underpinnings of ourselves and our profession that I had previously taken for granted, or indeed of which I had hardly consciously been aware. Additionally, this research has enabled me to see a shared feature inherent in psychotherapy, human experience, and research findings: they are all deeply embedded in and constituted by our traditions and by our relationships with each other.

We, as counsellors, clients, research participants, as well as the researcher, are all self-interpreting beings who always make use of our culturally embedded selves to make sense of ourselves and our life world, and in doing so, we are in the process of shaping and transforming our understanding and becoming. Essentially, conducting this research has enabled me to learn a great deal not only about the research process and Buddhist Counselling, but also about my culturally-embedded self. Counsellors' and clients' accounts that the concepts of detachment (*ploy-wang*) and acceptance (*thum-jai*) played a significant role in orienting them towards certain visions of what is problematic and what can be therapeutic has made me realise that I am also situated within these moral frameworks. They govern my deepest senses of what it is that I need to be doing when suffering and where I stand within them. Simultaneously, they entail my gut-level sense of what I should not be doing, what I should refuse or even combat in order to be healed and to be on the right track of the good life. These moral frameworks are indeed the ones that I implicitly know, but could never consciously articulate. Undoubtedly, I have gradually gained those moral frameworks through my cultural embeddedness in a Buddhist family in a predominantly Buddhist country where such concepts are one of the significant cultural products that have been countless reproduced. This means that in trying to have a better understanding of the meanings of others, I found that I have also gained a better understanding of myself. From this, I come to the realisation that our moral frameworks are intersubjective, inescapable, and intertwined with our cultural embeddedness.

Now, looking back, what springs to my mind is the question as to whose experience has been presented. For this moment, I am content that I have managed to capture the lived experience of and to give voice to this group of counsellors and clients. However, to a certain extent, I feel that this voice have also been coloured by my own experiences and understanding. Indeed, the sense-making process of the counsellors' and client's experience involved shifting back and forth between participants' accounts and my own understandings of our shared cultural and moral meanings. These circular shifts made me feel closer and yet

at the same time more distant to those experiential accounts, and I realise that gaining new perspective requires me to be touched and challenged by what I encounter along the way and not to be intimidated from finding out my own ignorance and limitations.

Coming to this end, I close this thesis by offering discussions on the limitations of the research, the implications of the research, and suggestions for future research.

8.2 Limitations of the research

Despite my attempt to adhere rigorously to the two sets of guidelines proposed by Yardley (2000, 2008) and Smith (2011) as outlined in Chapter 4, as with other studies my research is not without its limitations. In this section, I outline some key limitations alongside my reflexive discussion of how I justify them in my research context. According to Yardley's suggestion, acknowledging and discussing research limitations enhances the research transparency and provides some directions for further study.

As noted in Chapter 4, the inclusion criteria for client participants were slightly flexible due to the issue of client availability. Initially, I planned to include three clients who had each received Buddhist Counselling for at least 6 sessions, but this was not possible in practice for every case. More precisely, as frequently noted, while Meena received around 20 counselling sessions, Sirin and Wandee received only one session each. Although the information that all three clients provided appears to offer sufficiently rich data for the purpose of this study, it may have been preferable to recruit clients who had longer-term counselling. This suggestion is based on my assumption that the longer the period of therapy that they have, the more experience they gain, and the richer accounts they will provide. In addition, as pointed out in Chapter 7, when discussing the findings from the theme "Clients' perceptions of Buddhist counsellor", I found that the significantly different number of counselling sessions which clients received appeared to restrict the direct comparison of my current findings to existing research on counsellor-client therapeutic relationship (much existing literature is based on data from clients engaging in longer-term counselling). In this light, recruiting clients who had longer-term counselling may have increased the potential for the relevance of the current and previous findings.

In addition, this study was unintentionally restricted to counsellors and clients whose account largely represented positive views of Buddhist Counselling. Perhaps this is at least

partly due to participants' self-selecting. According to the counsellors' account, their choice of Buddhist Counselling was largely determined by their positive experience of its effectiveness. Given this, the counsellors' willingness to take part in my study may have been influenced by their positive views and experiences of practising Buddhist Counselling. Furthermore, when asking the counsellors at the end of each interview about their reasons for taking part in my study, all the counsellors told me that they hoped that Buddhist Counselling would be more widely known. Given that Buddhist Counselling is still in its infancy, the counsellors' willingness to participate in the research and their giving positive accounts may have also been, at least in part, driven by their desire to promote Buddhist Counselling.

As with the counsellors, all three clients who took part in my study also generally gave positive views about the counselling service which they received. Based on the clients' accounts, these positive views seem to be a result of their experiences of personal change following Buddhist Counselling. Two clients, Wandee and Meena, told me that they felt thankful to their counsellors who had helped to lessen their suffering, and taking part in my research was for them a way to express their gratitude towards their counsellors. It is possible that clients with less favourable experiences may represent very different views and experiences about Buddhist Counselling. Therefore, findings should be seen with this bias in mind.

With regard to data analysis, more than half of the translated transcripts and all of my subsequent analysis of the data were seen by my supervisors. This was a means to ensure that my interpretations of the findings were scrutinised. Although the rigour of the findings could have been improved by incorporating an independent analysis of the data from a co-researcher, as described by Willig (2008), and by providing my supervisors with all the translated transcripts, that was not possible in practice largely due to the nature of an independent PhD study and to time limitation. In addition, although I provided a detailed discussion of the issues of data translation in my research and justified it being another act of my interpretation, which is an essential part of my research conduct, I think that it is still important to acknowledge explicitly that translation from one language to another makes it impossible for my supervisors and the reader to gain access to the original voice of my participants.

8.3 Implications of the findings for counselling training and practice

My study suggests that the counsellors considered congruence between their personal worldview and counselling theory as crucial for their therapeutic efficacy. According to this finding, I suggest that in order to select more suitable candidates to be trained in a particular counselling approach, there should be a discussion about personal values and the values underlying the particular theory in counsellor selection for a particular orientation. Given that counsellors' selected therapeutic orientation determines the service that their clients receive, counselling trainees should also be encouraged to continually explore their personal values and beliefs, the influence of those values on their counselling practice, and the congruence between their personal values and the values attached to their therapeutic orientation in order that they have a clear understanding of why they are adopting a particular approach. It would also seem to be important for counsellors to be aware of the underlying values and assumptions of other therapeutic orientations so that they can consciously choose a particular counselling approach that best suits their personal philosophy and values.

Additionally, my study indicates that a counsellor's personal qualities are considered to be significant in enabling clients' positive change. Counsellors and clients in my study all placed a high value on a counsellor's ability to identify a client's problem, being present, and providing some insights. Indeed, my study indicates the perceived usefulness of the Four Noble Truths and Buddhist practices in enhancing therapeutic competence and the psychological well-being of the practitioners. In this light, it should be included as a significant part of counselling training and be placed at the core of continuing professional development. With regard to counselling training, in order to prepare and advance trainees' ability to practise Buddhist Counselling, counselling educators and trainers should continually encourage their trainees to internalise the Four Noble Truths and to observe Buddhist practices in their personal lives. One way of implementing this would be to assign trainees tasks of reflective writing as discussed by Wright and Bolton (2012). In this regard, reflective writing or what these authors called the "journey of self-exploration" could serve as a means for trainees to think more deeply and critically about their personal experiences of applying Buddhist ideas and practices in their personal life and then in their therapeutic work with clients, and to reflect on how such applications have an impact on their personal and professional development. Being aware of such issues may help to increase trainees'

awareness of their development and limitations and may also provide them with new insights and learning. Given that the personal and professional development of counsellors is a career-long process, such reflective writing would also be valuable not only to novice but also to experienced counsellors.

Supervision and group discussions could also be another significant way for trainees to share and discuss their experiences of such practices. Through supervision and group discussions, counselling trainees could be appropriately guided, and could also deepen and broaden their horizons through learning from each other's experiences. Speaking more generally, it would also be beneficial for trainees and practitioners of other Buddhist-informed counselling approaches to enhance their counselling competence by learning Buddhist teachings through living with them. Moreover, my study strongly supports the idea put forward by Irving and Williams (1999), that each counselling orientation has its own unique aim and therapeutic theory, therefore there is "no universal recipe for personal development work" (p. 524). The most important thing is that counsellors need to identify the personal qualities and skills that are essentially relevant to their own therapeutic practice, and that are critical for working effectively with their clients.

Moreover, my study suggests that clients are self-healing agents who make their own attempts to find healing. In my research, the clients used their religious practices to heal themselves. This finding implies that religion can be a critical domain of human life and experience and therefore an integral part of the individual's personal values and beliefs. In this light, it would be valuable to explore clients' views about the discussion of religious beliefs and practices in therapy. I suggest that the counsellor needs to create an atmosphere in which clients feel safe and accepted to discuss such issues. However, such discussions need not be direct and explicit but may instead be integrated into clients' discussions of their own problems and concerns. To that end, it requires the counsellor's careful listening and appropriate questions to address further what clients actually mean when they mention issues associated with their personal beliefs and religious matters. Importantly, counselling trainees should be specifically trained about how to address religion and spirituality in their work with clients.

My research also indicates that both counsellors and clients considered counselling profession in general and Buddhist Counselling in particular as an unknown profession in Thai

society. Many counsellors and all three clients attributed this unknown status of Thai counselling profession mainly to the perceived stigma associated with seeking mental health services that is still prevalent in Thailand. One client, Wandee, clearly attributed this issue to the lack of information about and promotion of the service in Thailand. The unknown professional status then appeared to limit the number of clients gaining access to the service. This finding implies that one critical way of advancing Thai professional counselling is to reduce the social stigma related to using counselling services. It is important for the Thai public to receive more information about the functions of counselling and the role of counsellors and also to perceive counselling services as a common and helpful option. Mass media and the internet can be the most effective channels for providing such information and promoting a more positive attitude towards using counselling services.

8.4 Contributions to the field of counselling research

The contribution of this study to knowledge has been articulated throughout this thesis. In this section I provide an overall account of its value and contribution to the field of counselling research.

My research makes a significant contribution to the field of Buddhist Counselling by being the first attempt to adopt IPA to explore counsellors' and clients' lived experiences of Buddhist Counselling in Thailand. Findings from this study shed light on the quantitative findings described earlier in 2.9.1, by providing a detailed description and explanation of how Buddhist Counselling works from the perspectives of both counsellors and clients. It also adds to the very small body of existing research, as reviewed in 2.9.2, which explores lived experiences of Buddhist Counselling. I suggest that my research addresses significant areas that have not yet been explored in the previous studies: it offers detailed accounts of counsellors' and clients' perspectives of Buddhist Counselling, what occurs in Buddhist Counselling, what makes it more or less effective, and how counsellors' and clients' cultural backgrounds play a significant role in their experiences of Buddhist Counselling.

In addition, this thesis makes a distinct contribution to the wider field of counselling and psychotherapy by providing a timely addition to the literature on the indigenisation of counselling through an illustration of how Buddhist Counselling is a culturally and morally embedded practice. To expand this realm of knowledge, I suggest that as with indigenous forms of counselling in non-Western societies, psychotherapy in the West is also the product

of its own culture, a fundamental aspect that has been often forgotten and ignored. Indeed, in line with other hermeneutically-inspired scholars (e.g., Cushman, 1993; Eaton, 2002; Hoshman, 2006), I argue that all forms of counselling and psychotherapy, regardless where they are developed and situated, are culturally and morally embedded practices in which they both represent and reproduce their own cultural heritages. In 2.5, I indicated that underlying the movement of indigenous counselling is the view that Eastern and Western cultures are based on different sets of cultural values and assumptions, and therefore counselling in Asian cultures needs to be developed from and grounded in clients' own native culture in order to fit with the needs of local clients. This idea also resonates within my study: it suggests that given that counselling is a fundamentally cultural enterprise, counselling needs to be indigenised in order to serve local clients effectively. My study also extends this line of thinking by suggesting that counselling needs also to be indigenised in order to be in accord with the local practitioner's personal values and cultural contexts in order to maximise their therapeutic efficacy.

Furthermore, reviewed alongside the body of relevant literature which explores the lived experiences of counsellors and clients in psychotherapies, findings from my study can be broadly related to this existing collection of work, presented in 2.10 and 2.11. In these two sections, I identified the problematic area of the current literature, namely, that counsellors' and clients' accounts of their experiences of psychotherapy are decontextualised, focusing very much on the individual and relational aspects of such accounts, without discerning the cultural elements underlying them. My study rectifies this omission through the adoption of hermeneutics. Through this theoretical framework, I demonstrate how the participants' meaning-making is inextricably tied up with their fore-structure, which is influenced by their cultural embeddedness, and how such fore-structure has the power to influence their experiences of Buddhist Counselling. The use of hermeneutics also brings to the fore the following moral frameworks underlying the practice of Buddhist Counselling; detachment (*ploy-wang*) and acceptance (*thum-jai*). In this way, my research demonstrates the significance of understanding *an individual-in-culture* and suggests that to advance an understanding of counsellors' and clients' experiences of therapy, the field of counselling research has to be expanded beyond individual and relational foci to in-depth exploration of how cultural aspects influence counsellors' and clients' therapeutic experiences.

In essence, the use of IPA in my research enables not only a detailed and nuanced accounts of counsellors' and clients' lived experiences of Buddhist Counselling to be captured and interpreted, but also the cultural and moral aspects underlying the personal meanings to be discerned. In this regard, my study adds weight to the value of a qualitative approach like IPA in researching and understanding lived experiences of people in psychotherapy.

8.5 Suggestions for future research

Suggestions in relation to the limitations of my research, as already mentioned in 8.2, will not be detailed here. In this final section of the thesis, I suggest several key issues emerging from my research that could be further investigated through future research.

Firstly, my research looked at the overall experience of counsellors and clients, and it would be interesting to explore counsellors' and clients' perspectives of the same therapy sessions and examine both convergence and divergence of the views they articulate about their experience of counselling processes and outcomes. In addition, as the findings from my study largely yielded positive accounts of counsellors and clients, research that includes counsellors who decide to abandon their practice, or clients who are dissatisfied with the service and who terminate therapy, might also provide interesting and useful information. In contrast to my study, such research could offer a better understanding of unhelpful aspects of Buddhist Counselling which could help to inform how counsellors' and clients' experiences of Buddhist Counselling could be improved and enhanced.

Additionally, this study included both one novice counsellor (2 years' experience of practising Buddhist Counselling) and four experienced counsellors (7-9 years' experience). Future research could be conducted with more specific group of participants, either novice or experienced counsellors. In addition, this study was limited to five Buddhist counsellors who were trained at the same institution in a particular culture and to three clients from one cultural context, and therefore any generalisations to other groups of Buddhist-informed counsellors and clients in different cultural or/and institutional contexts would be limited. It would be useful therefore to learn more about the Buddhist-informed psychotherapy experiences of counsellors and clients from different institutions and/or cultural groups. It may also be interesting to explore counsellors' and clients' experiences of Buddhist Counselling over time through a longitudinal study. Such research would provide an interesting perspective on the phenomenon as counsellors and clients at different stages of

their engagement in Buddhist Counselling may have different things to say about their experience and this would help to capture development and change in counsellors' and clients' perspectives.

Moreover, one compelling aspect of the participants' accounts that emerged from my study revolved around the relationship between the culturally-embedded self and their experiential accounts of Buddhist Counselling. To address this relationship, I adopted hermeneutics and revealed the cultural and moral elements of the practice of Buddhist Counselling. I hope that my study will stimulate further exploration and elaboration on such elements that are inherent in counsellors' and clients' experiential accounts. This area could be taken forward by research that directly asks counsellors and clients how they think about the relationship between themselves and their sociocultural background, and its impact on the ways in which counsellors work with clients, and clients make sense of their problems and make use of what they gain from therapy. Through such exploration, we may learn to acknowledge and more strongly honour such fundamental aspects of ourselves and our clients and be more aware of how our culture has shaped our counselling theory and practice and how our counselling practice has influenced ourselves and our clients.

Finally and more broadly speaking, I hope that my study demonstrates the value of using IPA to explore counsellors' and clients' lived experiences of Buddhist Counselling. As previously noted, qualitative research in this area is scarce. Clearly, to advance and establish firm knowledge in this field, there needs to be more qualitative research which seeks to understand the practice of Buddhist Counselling from counsellors' and clients' own perspectives. Such research can be used to challenge, confirm, or extend my research findings in this thesis.

References

- Ackerman, T. F. (1989). An ethical framework for the practice of paying research subjects. *Ethics and Human Research, 11*, 1-4. doi: 10.2307/3564170
- Adair, J. G. (1999). Indigenisation of psychology: The concept and its practical implementation. *Applied psychology, 48*, 403-418. doi: 10.1111/j.1464-0597.1999.tb00062.x
- Allwood, C. M. (2011). On the Foundation of the Indigenous Psychologies. *Social Epistemology: A Journal of Knowledge, Culture and Policy, 25*(1), 3-14. doi: 10.1080/02691728.2010.534564
- Angermeyer, M. C., & Dietrich, S. (2006). Public beliefs about and attitudes towards people with mental illness: A review of population studies. *Acta Psychiatrica Scandinavica, 113*, 163-179. doi: 10.1111/j.1600-0447.2005.00699.x
- Aron, L. (1996). *A meeting of minds: Mutuality in psychoanalysis*. Hillsdale: Analytic Press.
- Arthur, A. R. (2001). Personality, epistemology and psychotherapists' choice of theoretical model: a review and analysis. *European Journal of Psychotherapy & Counselling, 4*, 45-64. doi: 10.1080/13642530110040082
- Azuma, H. (1984). Psychology in a Non-Western country. *International Journal of Psychology, 19*, 45-55. doi: org/10.1080/00207598408247514
- Balan, N. B. (2005). Multiple voices and methods: Listening to women who are in workplace transition. *International Journal of Qualitative Methods, 4*, 63-86. Retrieved from http://www.ualberta.ca/~iiqm/backissues/4_4/PDF/BALAN.PDF
- Balthip, Q., Petchruschatachart, U., Piriakoontorn, S., & Boddy, J. (2013). Achieving peace and harmony in life: Thai Buddhists living with HIV/AIDS. *International Journal of Nursing Practice, 19*, 7-14. doi: 10.1111/ijn.12039
- Beckford, L., & Broome, M. (2007). Ethics and the payment of research subjects. *Psychiatry, 6*, 83-85. doi: 10.1016/j.mppsy.2006.11.001
- Black, J.D., Giroto, J.A., Chapman, K.E., & Oppenheimer, A.J. (2009). When my child was born: Cross-cultural reactions to the birth of a child with cleft lip and/or palate. *Cleft Palate-Craniofacial Journal, 46*, 545-548. doi: 10.1597/08-151.1
- Bodhi, B. (2011). What does mindfulness really mean?: A canonical perspective. *Contemporary Buddhism: An Interdisciplinary Journal, 12*, 19-39, doi: 10.1080/14639947.2011.564813
- Bohart, A. C. (2000). The client is the most important common factor: Clients' self-healing capacities and psychotherapy. *Journal of Psychotherapy Integration, 10*, 127-149. doi: 10.1023/A:1009444132104
- Bond, T. (2000). *Standards and ethics for counselling in action*. London: Sage.

- Booth, H., Cushway, D., & Newnes, C. (1997). Counselling in general practice: Clients' perceptions of significant events and outcome. *Counselling Psychology Quarterly*, 10, 175-187. doi: 10.1080/09515079708254170
- Bradbury-Jones, C., Sambrook, S., & Irvine, F. (2009). The phenomenological focus group: An oxymoron?. *Journal of Advanced Nursing*, 65, 663-671. doi: 10.1111/j.1365-2648.2008.04922.x
- Breen, L. J. (2010). Professionals' experiences of grief counseling: implications for bridging the gap between research and practice. *OMEGA--Journal of Death and Dying*, 62, 285-303. doi: 10.2190/OM.62.3.e
- Brenner, C. (2000), Brief communication: Evenly Hovering Attention. *Psychoanalytic Quarterly*, LXIX, 545–549. doi: 10.1002/j.2167-4086.2000.tb00574.x
- British Psychology Society [BPS]. (2009). Code of Ethics and Conduct. [http://www.bps.org.uk/document-download-area/document-download\\$.cfm?file_uuid=78978825-A518-9CEA-C107-C73B9C3AA691&ext=pdf](http://www.bps.org.uk/document-download-area/document-download$.cfm?file_uuid=78978825-A518-9CEA-C107-C73B9C3AA691&ext=pdf).
- British Psychology Society [BPS]. (2010). Code of Human Research Ethics. Retrieved from [http://www.bps.org.uk/document-download-area/documentdownload\\$.cfm?fileuuid=78978825-A518-9CEA-C107-C73B9C3AA691&ext=pdf](http://www.bps.org.uk/document-download-area/documentdownload$.cfm?fileuuid=78978825-A518-9CEA-C107-C73B9C3AA691&ext=pdf).
- Brown, K. W., & Ryan, R. M. (2003). The benefits of being present: Mindfulness and its role in psychological well-being. *Journal of personality and social psychology*, 84, 822-848. doi: 10.1037/0022-3514.84.4.822
- Buddhadāsa, B. (1984). *Heart-wood from the bo tree*. Bangkok: Thammasapa.
- Buddhadāsa, B. (2005). *Handbook for mankind*. Bangkok: Mahachulalongkorn-rajabhidyalaya University.
- Buddhadāsa, B. (2007). *"I" and "mine"*. Bangkok: Thammasapa & Bunluentham Institution.
- Burnard, P., & Naiyapatana, W. (2004). Culture and communication in Thai nursing: A report of an ethnographic study. *International journal of nursing studies*, 41, 755-765. doi: 10.1016/j.ijnurstu.2004.03.002
- Burnard, P., Naiyapatana, W., & Lloyd, G. (2006). Views of mental illness and mental health care in Thailand: A report of an ethnographic study. *Journal of Psychiatric and Mental Health Nursing*, 13, 742-749. doi: 10.1111/j.1365-2850.2006.01028.x
- Bury, C., Raval, H., & Lyon, L. (2007). Young people's experiences of individual psychoanalytic psychotherapy. *Psychology and Psychotherapy: Theory, Research and Practice*, 80, 79–96. doi: 10.1348/147608306X109654
- Central Intelligence Agency. (2014). The world factbook: Thailand. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/th.html>
- Century, G., Leavey, G., & Payne, H. (2007). The experience of working with refugees: Counsellors in primary care. *British Journal of Guidance & Counselling*, 35(1), 23-40. doi: 10.1080/03069880601106765

- Chessick, R. D. (1990). Hermeneutics for psychotherapists. *American journal of psychotherapy*, 44, 256-273.
- Cheung, F. M. (2000). Deconstructing counseling in a cultural context. *The Counseling Psychologist*, 28, 123-132. doi: 10.1177/00110000000281008
- Chitnealwong, S. (2006). *Effects of Buddhist personal growth and counseling group on sense of coherence of university students* (Unpublished master's dissertation). Chulalongkorn University, Bangkok, Thailand.
- Christopher, J.C. (1996). Counseling's inescapable moral visions. *Journal of Counseling & Development*, 75(1), 17-25. doi: 10.1002/j.1556-6676.1996.tb02310.x
- Christopher, J. C. (1999a). Culture and psychotherapy: Toward a hermeneutic approach. *Psychotherapy: Theory, Research, Practice, Training*, 38, 115-128. doi: 10.1037/0033-3204.38.2.115
- Christopher, J.C. (1999b). Situating psychological well-being: Exploring the cultural roots of its theory and research. *Journal of Counseling & Development*, 77, 141-152. doi: 10.1002/j.1556-6676.1999.tb02434.x
- Christopher, J.C. (2001). Culture and psychotherapy: Toward a hermeneutic approach. *Psychotherapy: Theory, Research, Practice, and Training*, 38, 115-128. doi: 10.1037/0033-3204.38.2.115
- Christopher, J. C. (2006). Hermeneutics and the moral dimension of psychotherapy. In L. T. Hoshmand (Ed.), *Culture, psychotherapy, and counselling: Critical and integrative perspectives* (pp. 179-203). Thousand Oaks, CA: Sage.
- Chong, F. H. H., & Liu, H. Y. (2002). Indigenous counseling in the Chinese cultural context: Experience transformed model. *Asian Journal of Counselling*, 9(1-2), 49-68. Retrieved from http://hkier.fed.cuhk.edu.hk/journal/wp-content/uploads/2009/10/ajc_v9n1-2_49-68.pdf
- Church, A. T., & Katigbak, M. S. (2002). Indigenization of psychology in the Philippines. *International Journal of Psychology*, 37, 129-148. doi: 10.1080/00207590143000315
- Cigolla, F., & Brown, D. (2011). A way of being: Bringing mindfulness into individual therapy. *Psychotherapy Research*, 21, 709-721. doi:10.1080/10503307.2011.613076.
- Clarke, H., Rees, A., & Hardy, G. E. (2004). The big idea: Clients' perspectives of change processes in cognitive therapy. *Psychology and Psychotherapy: Theory, Research and Practice*, 77(1), 67-89. doi: 10.1348/147608304322874263
- Cooper, M. (2005). Therapists' experiences of relational depth: A qualitative interview study. *Counselling and Psychotherapy Research*, 5(2), 87-95. doi: 10.1080/17441690 50211130
- Cooper, M. (2008). *Essential research findings in Counselling and Psychotherapy: The facts are friendly*. London: Sage.
- Cresswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. London: Sage.

- Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. London: Sage.
- Cushman, P. (1993). Psychotherapy and moral discourse. *Journal of Theoretical and Philosophical Psychology*, 13(2), 103-113. doi: 10.1037/h0091120
- Cusworth, S. (2000). Moral knowledge and the problems of psychotherapy. *Journal of Theoretical and Philosophical Psychology*, 20(1), 25-35. doi: 10.1037/h0091212
- Dalal, A. K. (2011). Indigenisation of psychology in India. *Psychology Teaching Review*, 17(2), 29-37. Retrieved from <http://files.eric.ed.gov/fulltext/EJ959023.pdf>
- Dane, B. (2000). Thai women: Meditation as a way to cope with AIDS. *Journal of Religion and Health*, 39(1), 5-21. Retrieved from http://download.springer.com/static/pdf/776/art%253A10.1023%252FA%253A1004634607280.pdf?auth66=1400973529_f08d961de9fba2f4bcee4666d933ea42&ext=.pdf
- de Visser, R., & Smith, J. A. (2006). Mister in between: A case study of masculine identity and health-related behavior. *Journal of Health Psychology*, 11, 685-695. doi: 10.1177 /1359105306066624
- de Vesser, R., & Smith, J. A. (2007). Alcohol consumption and masculine identity among young men. *Psychology and Health*, 22, 595-614. Retrieved from http://sro.sussex.ac.uk/1577/1/PHPN_revised.pdf
- Dew, S. E., & Bickman, L. (2005). Client expectancies about therapy. *Mental Health Services Research*, 7, 21-33. doi: 10.1007/s11020-005-1963-5
- Disro, S. (2008). *Effects of Buddhist personal growth and counseling group on resilience of university students* (Unpublished master's dissertation). Chulalongkorn University, Bangkok, Thailand.
- Donati, M., & Watts, M. (2005). Personal development in counsellor training: Towards a clarification of interrelated concepts. *British Journal of Guidance & Counselling*, 33, 475-484. doi: 10.1080/03069880500327553
- Donnellan, D., Murray, C., & Harrison, J. (2012). An investigation into adolescents' experience of cognitive behavioural therapy within a child and adolescent mental health service. *Clinical child psychology and psychiatry*, 18, 199-213. doi: 10.1177/1359104512447032
- Duan, C., Nilsson, J., Wang, C.-C. D. C., Debernardi, N., Klevens, C., & Tallent, C. (2011). Internationalizing counselling: A Southeast Asian perspective. *Counselling Psychology Quarterly*, 24(1), 29-41. doi:10.1080/09515070.2011.558253
- Dunn, R., Callahan, J. L., Swift, J. K., & Ivanovic, M. (2013). Effects of pre-session centering for therapists on session presence and effectiveness. *Psychotherapy Research*, 23(1), 78-85. doi:10.1080/10503307.2012.731713.
- Duran, E., & Duran, B. (1995). *Native American postcolonial psychology*. Albany, NY: State University of New York Press.
- Eaton, J. (1998). Gadamer: Psychotherapy as conversation. *The European Journal of Psychotherapy, Counselling & Health*, 1, 421-433. doi: 10.1080/13642539808400529

- Eaton, J. (2002). Psychotherapy and moral inquiry. *Theory & Psychology, 12*, 367-386. doi: 10.1177/0959354302012003271
- Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis. In C. Willig & W. S. Rogers (Eds.), *Handbook of Qualitative Psychology* (pp. 179-194). London: Sage.
- Eatough, V., & Smith, J. A. (2006). "I was like a wild wild person": Understanding feelings of anger using interpretative phenomenological analysis. *British Journal of Psychology, 97*, 483-498. doi: 10.1348/000712606X97831
- Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis. In C. Willig & W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (pp. 179-194). London: Sage.
- Eldridge, N. S., Surrey, J. L., Rosen, W. P., & Miller, J. B. (2008). What Changes in therapy? Who changes?. *Women & Therapy, 31*(2-4), 31-50. doi: 10.1080/02703140 802145763
- Elliott, R. (1985). Helpful and nonhelpful events in brief counseling interviews: An empirical taxonomy. *Journal of Counseling Psychology, 32*, 307-322. doi: 10.1037/0022-0167.32.3.307
- Elliott, R., & James, E. (1989). Varieties of client experience in psychotherapy: An analysis of the literature. *Clinical Psychology Review, 9*, 443-467. doi: 10.1016/0272-7358(89)90003-2
- Eoseewong, N. (2003). The Thai Cultural Constitution. Retrieved from http://kyoto review.cseas.kyoto-u.ac.jp/issue/issue2/article_243.html
- Epstein, M. (1996). *Thoughts without a Thinker: Psychotherapy from a Buddhist perspective*. London: Duckworth.
- Etherington, K. (2007). Ethical research in reflexive relationships. *Qualitative Inquiry, 13*, 599-616. doi: 10.1177/1077800407301175
- Falk, M.L. (2010). Recovery and Buddhist practices in the aftermath of the Tsunami in Southern Thailand. *Religion, 40*, 96-103. doi:10.1016/j.religion.2009.12.002
- Farber, B. A., Berano, K. C., & Capobianco, J. A. (2004). Clients' Perceptions of the process and consequences of self-disclosure in psychotherapy. *Journal of Counseling Psychology, 51*, 340-346. doi: 10.1037/0022-0167.51.3.340
- Fear, R., & Woolfe, R. (1999). The personal and professional development of the counsellor: The relationship between personal philosophy and theoretical orientation. *Counselling Psychology Quarterly, 12*, 253-262. doi: 10.1080/095150799 08254095.
- Feltham, C. (2012). What are counselling and psychotherapy?. In C. Feltham, & I. Horton (Eds.), *The sage handbook of counselling and psychotherapy* (pp. 3-9). London: Sage.
- Fischer, A. R., Jome, L. M., & Atkinson, D. R. (1998). Reconceptualizing multicultural counseling: Universal healing conditions in a culturally specific context. *The Counseling Psychologist, 25*, 525-588. doi: 10.1177/0011000098264001
- Flood, G. (1999). *Beyond Phenomenology: Rethinking the Study of Religion*. London: Cassell.

- Finlay, L., & Gough, B. (2003). *Reflexivity: A practical guide for researchers in Health and Social Sciences*. Oxford: Blackwell Publishing.
- Finlay, L. (2007). Debating phenomenological research methods. *Phenomenology and Practice*, 3(1), 6-25. Retrieved from <https://ejournals.library.ualberta.ca/index.php/pandpr/article/view/19818/15336>
- Finlay, L. (2011). *Phenomenology for therapists*. Oxford: Wiley-Blackwell.
- Fitzpatrick, L., Simpson, J., & Smith, A. (2010). A qualitative analysis of mindfulness-based cognitive therapy (MBCT) in Parkinson's disease. *Psychology and Psychotherapy: Theory, Research and Practice*, 83, 179-192. doi: 10.1348/147608309 X471514
- Flowers, P. (2008). Temporal tales: the use of multiple interviews with the same participant. *Qualitative Methods in Psychology Section Newsletter*, 5, 24-27.
- Flowers, P., Duncan, B., & Knussen, C. (2003). Re-appraising HIV testing: An exploration of the psychosocial costs and benefits associated with learning one's HIV status in a purposive sample of Scottish gay men. *British Journal of Health Psychology*, 8, 179-194. doi: 10.1348/135910703321649150
- Freud, S. (1912/1961). Recommendations to physicians practising psycho-analysis. In J. Strachey (Ed. and Trans.). *The standard edition of the complete psychological works of Sigmund Freud*. London: Hogarth Press.
- Frewen, P. A., Evans, E. M., Maraj, N., Dozois, D. J., & Partridge, K. (2008). Letting go: Mindfulness and negative automatic thinking. *Cognitive therapy and research*, 32, 758-774. doi: 10.1007/s10608-007-9142-1
- Gadamer, H.-G. (1975/2013). *Truth and Method* (J. Weinsheimer & D. G. Marshall, Trans.). London: Bloomsbury.
- Gadamer, H.-G. (1976). *Man and language*. In *Philosophical hermeneutics* (D. E. Linge, Ed. And Trans.). Berkeley: University of California Press.
- Garcea, E. A. A. (2005). Culture as a starting point and framework for guidance and counseling: Basic concepts and perspectives. In M. Launikari & S. Puukari (Eds), *Multicultural guidance and counselling: Theoretical Foundations and best practices in Europe* (pp. 55-71). Retrieved from http://www.viaa.gov.lv/files/free/50/750/rekom_3_multiculturalguidanceandcounselling.pdf#page=58
- Gehart, D. R., & McCollum, E. E. (2007). Engaging suffering: Towards a mindful re-visioning of family therapy practice. *Journal of Marital and Family Therapy*, 33, 214-226. doi: 10.1111/j.1752-0606.2007.00017.x
- Geller, J., & Farber, B. (1993). Factors influencing the process of internalization in psychotherapy. *Psychotherapy Research*, 3, 166-180. doi: 10.1080/10503309312331333769
- Geller, S. M., & Greenberg, L. S. (2002). Therapeutic Presence: Therapists' experience of presence in the psychotherapy encounter. *Person-Centered & Experiential Psychotherapies*, 1, 71-86. doi: 10.1080/14779757.2002.9688279

- Gethin, R. (1998). *The foundations of Buddhism*. Oxford: Oxford University Press.
- Glasser, W. (1998). *Choice theory: A new psychology of personal freedom*. New York: HarperCollins Publishers.
- Gordon, N. S. (2000). Researching psychotherapy, the importance of the client's view: A methodological challenge [On-line serial]. *The Qualitative Report*, 4. Retrieved from <http://www.nova.edu/ssss/QR/QR4-1/gordon.html>
- Grabosky, T. K., Ishii, H., & Mase, S. (2012). The development of the counseling profession in Japan: Past, present, and future. *Journal of Counseling & Development*, 90, 221–226. doi: 10.1111/j.1556-6676.2012.00027.x
- Grant, R. W., & Sugarman, J. (2004). Ethics in human subjects research: Do incentives matter?. *Journal of Medicine and Philosophy*, 29, 717-738. doi: 10.1080/03605310490883046
- Griffith, B. A., & Duesterhaus, M. (2000). Integrating a moral conversation: A framework for counselors. *The Journal of Humanistic Counseling, Education and Development*, 39(1), 47-55. doi: 10.1002/j.2164-490X.2000.tb00093.x
- Grosz, E. (1995). *Space, Time and Perversion*. London: Routledge and Kegan Paul.
- Guba, E. G., & Lincoln, Y. S. (1998). Competing paradigms in qualitative research. In N.K. Denzin & Y. S. Lincoln (Eds.), *The landscape of qualitative research: Theories and Issues* (pp. 195-220). Thousand Oaks: Sage.
- Gubi, P. M., & Jacobs, R. (2009). Exploring the impact on counsellors of working with spiritually abused clients. *Mental Health, Religion and Culture*, 12, 191-204. doi: 10.1080/13674670802441509
- Hart, N., & Crawford-wright, A. (1999). Research as therapy, therapy as research: Ethical dilemmas in new-paradigm research. *British Journal of Guidance & Counselling*, 27, 205-214. doi: 10.1080/03069889908256265
- Haverkamp, B. E. (2005). Ethical perspectives on qualitative research in applied psychology. *Journal of Counseling Psychology*, 52, 146-155. doi: 10.1037/0022-0167.52.2.146
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and Commitment Therapy*. New York: Guilford Press.
- Head, E. (2009). The ethics and implications of paying participants in qualitative research. *International Journal of Social Research Methodology*, 12, 335-344. doi: 10.1080/13645570802246724
- Heidegger, M. (1927/1962). *Being and time* (J. Macquarrie & E. Robinson, Trans.). New York: HarperCollins.
- Hennink, M., Hutter, I., & Bailey, A. (2011). *Qualitative research methods*. London: Sage.
- Ho, D. Y. F. (1998). Indigenous Psychologies: Asian Perspectives. *Journal of Cross-Cultural Psychology*, 29, 88-103. doi: 10.1177/0022022198291005

- Hodgetts, A., & Wright, J. (2007). Researching clients' experiences: A review of qualitative studies. *Clinical Psychology & Psychotherapy*, 14, 157-163. doi: 10.1002/ cpp.527
- Hodgetts, A., Wright, J., & Gough, A. (2007). Clients with borderline personality disorder: Exploring their experiences of dialectical behaviour therapy. *Counselling and Psychotherapy Research*, 7, 172-177. doi: 10.1080/14733140701575036
- Hoshmand, L. T. (2006). *Culture, psychotherapy, and counselling: Critical and integrative perspectives*. Thousand Oaks: Sage.
- Hoshmand, L. T., & Polkinghorne, D. E. (1992). Redefining the science-practice relationship and professional training. *American Psychologist*, 47(1), 55-66. doi: 10.1037/0003-066X.47.1.55
- Howe, D. (1996). Client experiences of counselling and treatment interventions: A qualitative study of family views of family therapy. *British Journal of Guidance and Counselling*, 24, 367-375. doi: 10.1080/03069889608253021
- Hubble, M. A., Duncan, B. L., & Miller, S. D. (1999). *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.
- Husserl, E. (1936/1970). *The crisis of European Sciences and Transcendental Phenomenology* (D. Carr, Trans.). Evanston, IL: North Western University Press.
- Hwang, K.-K. (2005). The third wave of cultural psychology: The indigenous movement. *The Psychologist*, 18, 80-83. Retrieved from http://www.thepsychologist.org.uk /archive/archive_home.cfm/volumeID_18-editionID_115-ArticleID_812-getfile_getPDF/thepsychologist%5C0205hw.pdf
- Ihde, D. (1986). *Experimental Phenomenology: An introduction*. Albany: NY: Suny Press.
- Irving, J. A., & Williams, D. I. (1999). Personal growth and personal development: concepts clarified. *British Journal of Guidance and Counselling*, 27, 517-526. doi: 10.1080/03069889908256287
- James, S., & Foster, G. (2003). Narratives and culture:" Thickening" the self for cultural psychotherapy. *Journal of Theoretical and Philosophical Psychology*, 23(1), 62- 79. doi: 10.1037/h0091228
- Johns, H. (1996). *Personal development in counsellor training*. London: Cassell.
- Kabat-Zinn, J. (1982). An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: Theoretical considerations and preliminary results. *General Hospital Psychiatry*, 4(1), 33-47. doi: 10.1016/0163-8343(82)90026-3
- Kabat-Zinn, J. (1990). *Full catastrophe living: How to cope with stress, pain and illness using mindfulness meditation*. New York: NY: Bantam Dell.
- Kabat-Zinn, J. (1993) Mindfulness meditation: Health benefits of an ancient Buddhist practice, in D. Goleman & J. Gurin (Eds.), *Mind body medicine: How to use your mind for better health*. New York: Consumer Reports Books.

- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: past, present, and future. *Clinical Psychology: Science and Practice*, 10, 144–156. doi: 10.1093/clipsy. bpg016
- Kaewpeng, K. (2011). *Psychological well-being of rehabilitation patients of substance abuse after receiving Buddhist individual counseling: A consensual qualitative research* (Unpublished master's dissertation). Chulalongkorn University, Bangkok, Thailand.
- Katonah, D. G. (2006). The *felt sense* as avenue of human experiencing for integrative growth. In L. T. Hoshmand (Ed.), *Culture, psychotherapy, and counselling: Critical and Integrative perspectives* (pp. 65-90). London: Sage.
- Kaye, J. (1995). Postfoundationalism and the language of psychotherapy research. In J. Siegfried (Ed.), *Therapeutic and everyday discourse as behavior change*. Norwood, NJ: Ablex.
- Kenny, M., Bernier, R., & DeMartini, C. (2005). Chant and be happy: The effects of chanting on respiratory function and general well-being in individuals diagnosed with depression. *International Journal of Yoga Therapy*, 15, 61-64. Retrieved from <http://iayt.metapress.com/content/878t7l2441p80h17>
- Kim, B. S., Atkinson, D. R., & Umemoto, D. (2001). Asian cultural values and the counseling process current knowledge and directions for future research. *The Counseling Psychologist*, 29, 570-603. doi: 10.1177/0011000001294006
- King, N., & Horrocks, C. (2010). *Interviews in qualitative research*. London: Sage.
- Kiyoshi, M. (1986). The translation of Pali into Thai and its influence on Thai. *Studies in language and culture*, 4, 81 -89. Retrieved from <http://repository.tufts.ac.jp/bitstream/10108/51827/1/slc004010.pdf>
- Kirsch, A. T. (1977). Complexity in the Thai religious system: An interpretation. *The Journal of Asian Studies*, 36, 241-266. doi: 10.2307/2053722
- Knodel, J., Soottipong Gray, R., Sriwatcharin, P., & Peracca, S. (1999). Religion and reproduction: Muslims in Buddhist Thailand. *Population Studies: A Journal of Demography*, 53, 149-164. doi: 10.1080/00324720308083
- Knox, S., Goldberg, J. L., Woodhouse, S. S., & Hill, C. E. (1999). Clients' internal representations of their therapists. *Journal of Counseling Psychology*, 46, 244-256. doi: 10.1037/0022-0167.46.2.244
- Kotheeranurak, J. (2008). *Effects of Buddhist personal growth and counseling group on altruism of first-year university students* (Unpublished master's dissertation). Chulalongkorn University, Bangkok, Thailand.
- Kubotani, T., & Engstrom, D. (2005). The roles of Buddhist temples in the treatment of HIV/AIDS in Thailand. *Journal of Sociology and Social Welfare*, 4, 5-22. Retrieved from http://heinonline.org/HOL/Page?handle=hein.journals/jrlsasw32&div=44&g_sent=1&collection=journals#571
- Kulasoop, M. (2007). *Effects of Buddhist personal growth and counseling group on adjustment at Boromarajonani College of nursing students* (Unpublished master's dissertation). Chulalongkorn University, Bangkok, Thailand.

- Kumar, S. (2002). An introduction to Buddhism for the cognitive-behavioral therapist. *Cognitive and Behavioral Practice*, 9(1), 40-43. doi: 10.1016/S1077-7229(02)80038-4
- Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training*, 38, 357-361. doi: 10.1037/0033-3204.38.4.357
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3, 102-120. doi: 10.1191/1478088706qp062oa
- Lee, B. (2002). Chinese indigenous psychotherapies in Singapore. *Counselling and Psychotherapy Research*, 2(1), 2-10. doi.org/10.1080/14733140212331384938
- Lee, S. M., Suh, S., Yang, E., & Jang, Y. J. (2012). History, current status, and future prospects of counseling in South Korea. *Journal of Counseling & Development*, 90, 494-499. doi: 10.1002/j.1556-6676.2012.00061.x
- Leiper, R., & Maltby, M. (2004). *The psychodynamic approach to therapeutic change*. London: Sage.
- Levitt, H., Butler, M., & Hill, T. (2006). What clients find helpful in psychotherapy: Developing principles for facilitating moment-to-moment change. *Journal of Counseling Psychology*, 53, 314-324. doi: 10.1037/0022-0167.53.3.314
- Liamputtong, P., Haritavorn, N., & Kiatying-Angsulee, N. (2012). Living Positively: The experiences of Thai women living with HIV/AIDS in Central Thailand. *Qualitative Health Research*, 22, 441-451. doi: 10.1177/1049732311421680
- Lilliengen, P., & Werbart, A. (2010). Therapists' view of therapeutic action in psychoanalytic psychotherapy with young adults. *Psychotherapy: Theory, Research, Practice, Training*, 47, 570- 585. doi: 10.1037/a0021179
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford.
- Liou, C., & Prior, S. (2012). Taiwanese senior counsellors' ch'i- related experiences and their counseling practice. *Asia Pacific Journal of Counselling and Psychotherapy*, 3(1), 18-28. doi:10.1080/21507686.2011.638310.
- Lykins, E. L., & Baer, R. A. (2009). Psychological functioning in a sample of long-term practitioners of mindfulness meditation. *Journal of Cognitive Psychotherapy*, 23, 226-241. doi: 10.1891/0889-8391.23.3.226
- Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radial constructionist epistemologies. *British Journal of psychology*, 91(1), 1-20. doi: 10.1348/000712600161646
- Makinde, O. (1980). Indigenous counselling techniques among the Yoruba and Igala people of Nigeria. *International Journal for the Advancement of Counselling*, 3, 171-184. Retrieved from http://download.springer.com/static/pdf/94/art%253A10.1007%252FBF00115115.pdf?auth66=1400251991_a3ed534a8e7cddbde598cd484289eff1&ext=.pdf

- Martin, J., & Sugarman, J. (1997). The social-cognitive construction of psychotherapeutic change: Bridging social constructionism and cognitive constructivism. *Review of General Psychology, 1*, 375-388. doi: 10.1037/1089-2680.1.4.375-388
- Martin, J., & Thompson, J. (2003). Psychotherapy as the interpretation of being: Hermeneutic perspectives on psychotherapy. *Journal of Constructivist Psychology, 16*(1), 1-16. doi: 10.1080/10720530390117830
- Mason, J. (2002). *Qualitative researching* (2nd ed.). London: Sage.
- Mason, O., & Hargreaves, I. (2001). A qualitative study of mindfulness-based cognitive therapy for depression. *British Journal of Medical Psychology, 74*, 197-212. Retrieved from http://www.radboudcentrumvoormindfulness.nl/media/Artikelen/Mason_2001_a_qualitative_study_of_MBCT_for_depression.pdf
- Matoane, M. (2012). Locating context in counselling: The development of indigenous psychology in South Africa. *Psychotherapy and Politics International, 10*, 105-115. doi: 10.1002/ppi.1263
- Maton, K.I., & Wells, E.A. (1995). Religion as a community resource for well-being: Prevention, healing, and empowerment pathways. *Journal of Social Issues, 51*, 177-193. doi: 10.1111/j.1540-4560.1995.tb01330.x
- McCargo, D. (2004). Buddhism, democracy and identity in Thailand, *Democratization, 11*, 155-170. doi: 10.1080/1351034042000234576
- McConaughty, E. A. (1987). The person of the therapist in psychotherapeutic practice. *Psychotherapy, 24*, 303-314. doi: 10.1037/h0085720.
- McLeod, J. (1990). The client's experience of counselling and psychotherapy: A review of the research literature. In D. Merns & W. Dryden (Eds.), *Experiences of Counselling in Action* (pp. 1-19). London: Sage.
- McLeod, J. (2001). Developing a research tradition consistent with the practices and values of counselling and psychotherapy: Why counselling and psychotherapy research is necessary. *Counselling and Psychotherapy Research, 1*(1), 3-11. doi: 10.1080/14733140112331385188
- McLeod, J. (2003). *Doing Counselling Research*. London: Sage.
- McLeod, J. (2006). Counselling and psychotherapy as cultural work. In L. T. Hoshmand (Ed.), *Culture, psychotherapy, and counselling: Critical and integrative perspectives* (pp.47-64). Thousand Oaks: Sage.
- McLeod, J. (2009). *An introduction to counselling* (4th ed.). Maidenhead: McGraw Hill.
- McLeod, J. (2010). *The counsellor's workbook: Developing a personal approach* (2nd ed.). Maidenhead: Open University Press.
- McLeod, J. (2011). *Qualitative research in counselling and psychotherapy*. London: Sage.

- Messari, S., & Hallam, R. (2003). CBT for psychosis: A qualitative analysis of clients' experiences. *British Journal of Clinical Psychology, 42*, 171–188. doi: 10.1348/014466503321903580
- Moller-Leimkuhler, M. A. (2002). Barriers to help-seeking by men: a review of sociocultural and clinical literature with particular reference to depression. *Journal of Affective Disorders 71*(1), 1–9. doi: 10.1016/S0165-0327(01)00379-2
- Moloney, S. (2011). Focus groups as transformative spiritual encounters. *International Journal of Qualitative Methods, 10*, 58-72. Retrieved from <http://ejournals.library.ualberta.ca/index.php/IJQM/article/view/6805/7935>
- Mook, B. (1991). The significance of hermeneutics to child psychotherapy. *Journal of Psychiatry and Neuroscience, 16*, 183-187. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1188328/pdf/jpn00039-0088.pdf>
- Moran, D. (2000). *Introduction to phenomenology*. London: Routledge.
- Morgan, D. L. (1997) *Focus Groups as Qualitative Research*. California: Sage.
- Mosher, J. K., & Stiles, W. B. (2009). Clients' assimilation of experiences of their therapists. *Psychotherapy: Theory, Research, Practice, Training, 46*, 432-447. doi: 10.1037/a0017955
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks: Sage.
- Muangthai, Y. (2008). *Effects of Buddhist personal growth and counseling group on psychological well-being of the drug-addicted patients during rehabilitation period* (Unpublished master's dissertation). Chulalongkorn University, Bangkok, Thailand.
- Murase, T., & Johnson, F. (1974). Naikan, Morita, and Western Psychotherapy: A Comparison. *Archives General Psychiatry, 31*, 121-128. doi:10.1001/archpsyc.1974. 01760130091016.
- Na-Rangsi, S. (1993). Buddhism in Thai Culture. Retrieved from http://www.wciu.edu/docs/resources/Course10_readerGC2_C10H_Narangsi_buddhism_in_thai_culture.pdf
- Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity, 2*, 85-101. doi: 10.1080/15298860309032
- Nicholas, M. W. (1994). *The mystery of goodness and the positive moral consequences of psychotherapy*. New York, NY: W W Norton & Co.
- Nilmanata, K., & Street, A. (2004). Search for a cure: narratives of Thai family caregivers living with a person with AIDS. *Social Science and Medicine, 59*, 1003–1010. doi: 10.1016/j.socscimed.2003.12.003
- Noonil, N., Hendricks, J., & Aekwarangkoon, S. (2012). Lived experience of Thai women and their changing bodies in midlife. *Nursing and Health Sciences, 14*, 312–317. doi: 10.1111/j.1442-2018.2012.00710.x
- O'Connor, T. S. J., Davis, A., Meakes, E., Pickering, R., & Schuman, M. (2004). Narrative therapy using a reflecting team: An ethnographic study of therapists' experiences. *Contemporary Family Therapy, 26*(1), 23-39. doi: 10.1023/B:COFT.0000016909.51162.74

- O'Connor, T. S. J., Meakes, E., Pickering, M. R., & Schuman, M. (1997). On the right track: Client experience of narrative therapy. *Contemporary Family Therapy*, 19, 479-495. doi: 10.1023/A:1026126903912
- Oliver, M. S., Pearson, N., Coe, N., & Gunnell, D. (2005). Help-seeking behaviour in men and women with common mental health problems: Cross-sectional study. *The British Journal of Psychiatry*, 186, 297-301. doi: 10.1192/bjp.186.4.297
- Olson, C. (1997). Essential Sources on Thai Theravada Buddhism. *Behavioral & Social Sciences Librarian*, 16(1), 1-10. doi: 10.1300/J103v16n01_01
- Orlinsky, D., Grawe, K. & Parks, B. K. (1994). Process and outcome in psychotherapy - Noch einmal. In A. Bergin & S Garfield (Eds.), *Handbook of Psychotherapy and Behavior Change*. New York: John Wiley & Sons, Inc.
- Palmer, R. E. (1996). *Hermeneutics: Interpretation theory in Schleiermacher, Dilthey, Heidegger, and Gadamer*. Evanston: Northwestern University Press.
- Palmer, D., Larkin, M., de Vesser, R., & Fadden, G. (2010). Developing an interpretative phenomenological approach to focus group data. *Qualitative Research in Psychology*, 7, 99-121. doi: 10.1080/14780880802513194
- Paramaputi, S. (2011). *Effects of Buddhist personal growth and counseling group with photo-elicitation on PANNA in interconnectedness and change among persons with post breast cancer treatment* (Unpublished master's dissertation). Chulalongkorn University, Bangkok, Thailand.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks: Sage.
- Payutto, P. P. (1995). *Buddhadhamma: Natural laws and values for life*. (G.A. Olson, Trans.). Albany: University of New York Press.
- Payutto, P. P. (1971/2009). *พุทธธรรม* [Buddhadhamma] (11st ed.). Bangkok: Mahachulalongkorn-rajabhidyalaya University.
- Pedersen, P. B. (2003). Culturally biased assumptions in counseling psychology. *The Counseling Psychologist*, 31, 396-403. doi: 10.1177/0011000003031004002
- Pert, C., Jahoda, A., Kroese, B. S., Trower, P. Dagnan, D., & Selkirk, M. (2013). Cognitive behavioural therapy from the perspective of clients with mild intellectual disabilities: A qualitative investigation of process issues. *Journal of Intellectual Disability Research*, 57, 359-369. doi: 10.1111/j.1365-2788.2012.01546.x
- Phoolcharoen, W. (1998). HIV/AIDS prevention in Thailand: Success and challenges. *Science*, 280, 1873-1874. doi: 10.1126/science.280.5371.1873
- Pokeao, S. (2010). *การสังเคราะห์หลักอริยสัจ 4 สู่กระบวนการปรึกษาเชิงจิตวิทยา/จิตรักษาเพื่อการพัฒนา รักษาและเยียวยาชีวิตจิตใจ: แนวคิด แนวทาง ประสบการณ์ และงานวิจัย* [An application of the Four Noble Truths to the counselling process for psychological treatment, healing, and development: Concepts, approaches, personal experience, and research]. Bangkok: Chulalongkorn University.

- Polkinghoime, D. E. (2000). Psychological inquiry and the pragmatic and hermeneutic traditions. *Theory & Psychology, 10*, 453-479. doi: 10.1177/0959354300104002
- Polkinghorne, D. E. (2001). Psychological inquiry and the pragmatic and Hermeneutic traditions. *Theory Psychology, 10*, 453-479. doi: 10.1177/0959354300104002
- Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*, 126-136. Retrieved from [http://www.quartetfest.ca/documents/33997/PS398-Ponte rotto_2005_Primer_on_phil_of_sci.pdf](http://www.quartetfest.ca/documents/33997/PS398-Ponte%20rotto_2005_Primer_on_phil_of_sci.pdf)
- Pooremamali, P., Persson, D., & Eklund, M. (2011). Occupational therapists' experience of working with immigrant clients in mental health care. *Scandinavian journal of occupational therapy, 18*, 109-121. doi: 10.3109/11038121003649789
- Poortinga, Y.H. (1996). Indigenous psychology: Scientific ethnocentrism in a new guise? In J. Pandey, D. Sinha & D.P.S. Bhawuk (Eds.), *Asian contributions to cross-cultural psychology* (pp.59–71). Thousand Oaks, CA: Sage.
- Poulsen, S., Lunn, S., & Sandros, C. (2010). Client experience of psychodynamic psychotherapy for bulimia nervosa: An interview study. *Psychotherapy: Theory, Research, Practice, Training, 47*, 469-483. doi: 10.1037/a0021178
- Powers, J. (2000). *A concise encyclopedia of Buddhism*. Oxford: Oneworld.
- Purananon, D. (2008). *The effect of group Buddhist counseling on the enhancement of peace: The mediating effect of metta* (Unpublished doctoral thesis). Chulalongkorn University, Bangkok, Thailand.
- Prior, S. (2012). Overcoming stigma: How young people position themselves as counselling service users. *Sociology of health & illness, 34*, 697-713. doi: 10.1111/j.1467-9566.2011.01430.x
- Ratanakul, P. (2004), The Buddhist concept of life, suffering and death, and related bioethical Issues. *Eubios Journal of Asian and International Bioethics, 14*, 141-146. Retrieved from <http://www.eubios.info/EJ144/ej144f.htm>
- Rayner, K., Thompson, A. R., & Walsh, S. (2011). Clients' experience of the process of change in cognitive analytic therapy. *Psychology and Psychotherapy: Theory, Research and Practice, 84*, 299-313. doi: 10.1348/147608310X531164
- Reeves, A., & Mintz, R. (2001). Counsellors' experiences of working with suicidal clients: An exploratory study. *Counselling and Psychotherapy Research, 1*, 172-176. doi: 10.1080/14733140112331385030
- Richardson, F. C., Fowers, B. J., & Guignon, C. B. (1999). *Re-envisioning psychology: Moral dimensions of theory and practice*. San Francisco: Jossey-Bass.
- Rogers, C. (1951). *Client-centred therapy*. London: Constable.
- Rogers, C. R. (1989). Client-centered therapy. In H. Kirschenbaum & V.L. Henderson (Eds.), *Carl Rogers: Dialogues* (pp. 9-40). Boston: Houghton Mifflin Company.

- Ross, R., Sawatphanit, W., & Suwansujarid, T. (2007). Finding peace (kwam sa-ngob jai): a Buddhist way to live with HIV. *Journal of Holistic Nursing*, 25, 228–235. doi: 10.1177/0898010106297711
- Roulston, K. (2010). *Reflective interviewing: A guide to theory and practice*. London: Sage.
- Rungreangkulkij, S., & Chesla, C. (2001). Smooth a heart with water: Thai mothers care for a child with schizophrenia. *Archives of Psychiatric Nursing*, 15, 120–127. doi: 10.1053/apnu.2001.23750
- Ryan, A., Safran, J. D., Doran, J. M., & Muran, J. C. (2012). Therapist mindfulness, alliance and treatment outcome. *Psychotherapy Research*, 22, 289–297. doi: 10.1080/10503307.2011.650653.
- Sa-nga, S. (2008). *Effects of Buddhist personal growth and counseling group on hardiness of university students*. (Unpublished master's dissertation). Chulalongkorn University, Bangkok, Thailand.
- Saenubol, K. (2010). *The effect of Buddhist personal growth and counseling group and anapanasati training on upekkha and panna* (Unpublished doctoral thesis). Chulalongkorn University, Bangkok, Thailand.
- Saetang, W. (2008). *Effects of Buddhist personal growth and counseling group on sense of coherence on university students* (Unpublished master's dissertation). Chulalongkorn University, Bangkok, Thailand.
- Sanseeha, L., Chontawan, R., Sethabouppha, H., Disayavanish, C., & Turale, S. (2009). Illness perspectives of Thais diagnosed with schizophrenia. *Nursing and Health Sciences*, 11, 306–311. doi: 10.1111/j.1442-2018.2009.00474.x
- Saunders, S. M. (1993). Applicants' experience of the process of seeking therapy. *Psychotherapy*, 30, 554–564. doi: 10.1037/0033-3204.30.4.554
- See, C. M., & Ng, K.-M. (2010). Counselling in Malaysia: History, current status, and future trends. *Journal of Counseling & Development*, 88(1), 18–22. doi: 10.1002/j.1556-6678.2010.tb00144.x
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-Based Cognitive Therapy for depression: A new approach to preventing relapse*. New York, NY: Guilford Press.
- Sethabouppha, H., & Kane, C. (2005). Caring for the seriously mentally ill in Thailand: Buddhist family caregiving. *Archives of Psychiatric Nursing*, 19(2), 44–57. doi: 10.1016/j.apnu.2005.02.004
- Seybold, K.S., & Hill, P.C. (2001). The role of religion and spirituality in mental and physical health. *Current Directions in Psychological Science*, 10(1), 21–24. doi: 10.1111/1467-8721.00106
- Shaw, R. (2010). Embedding reflexivity within experiential qualitative psychology. *Qualitative Research in Psychology*, 7, 233–243. doi: 10.1080/14780880802699092
- Silverman, D. (2010). *Doing qualitative research* (3rd ed.). London: Sage.

- Sittiwong, J. (2012). *Self-esteem experience of middle school students with low academic achievement after Buddhist personal growth and counseling group participation* (Unpublished master's dissertation). Chulalongkorn University, Bangkok, Thailand.
- Skovholt, T. M., & Ronnestad, M. H. (1996). *The evolving professional self: Stages and themes in therapist and counsellor development*. London: Wiley.
- Smith, E.W. L. (2000). Toward the meaning of "the person of the therapist". *Journal of Couples Therapy*, 9(3-4), 43–49. doi: 10.1300/J036v09n03_04.
- Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39-54. doi: 10.1191/1478088704qp004oa
- Smith, J. A. (2011). Evaluating the contribution of interpretative phenomenological analysis. *Health Psychology Review*, 5(1), 9-27. doi:10.1080/17437199.2010.510659
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, method and research*. London: Sage.
- Smith, M.W. (1995). Ethics in focus group: A few concerns. *Qualitative Health Research*, 5, 478-486. doi: 10.1177/104973239500500408
- Songwathana, P., & Manderson, L. (1998). Perceptions of HIV/AIDS and caring for people with terminal AIDS in Southern Thailand. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV*, 10, 155-165. doi: 10.1080/09540129850124262
- Spinelli, E. (2005). *The interpreted world: An introduction to phenomenological psychology*. London: Sage.
- Srichannil, C. (2006). *Effects of Buddhist personal growth and counseling group on life satisfaction of university students* (Unpublished master's dissertation). Chulalongkorn University, Bangkok, Thailand.
- Sritongoon, C. (2011). *Experience of Buddhist counselors: Living and working based on the Four Noble Truths* (Unpublished master's dissertation). Chulalongkorn University, Bangkok, Thailand.
- Stiles, W. B., Shapiro, D. A., & Elliott, R. (1986). Are all psychotherapies equivalent?. *American psychologist*, 41, 165- 180. doi: 10.1037/0003-066X.41.2.165
- Stedmon, J., & Dallos, R. (Eds.). (2009). *Reflective practice in psychotherapy and counselling*. McGraw-Hill: Open University Press.
- Strom, S. M., & Tennyson, W. (1989). Developing moral responsiveness through professional education. *Counseling and Values*, 34(1), 33-44. doi: 10.1002/j.2161-007X.1989.tb00979
- Sugarman, J., & Martin, J. (1995). The moral dimension: A conceptualization and empirical demonstration of the moral nature of psychotherapeutic Conversations. *The Counseling Psychologist*, 23, 324-347. doi: 10.1177/0011000095232008

- Sukchalearn, N. (2007). *Effects of Buddhist personal growth and counseling group on emotional intelligence of Thai soldiers* (Unpublished master's dissertation). Chulalongkorn University, Bangkok, Thailand.
- Sullivan, C. M., & Cain, D. (2004). Ethical and safety considerations when obtaining information from or about battered women for research purposes. *Journal of Interpersonal Violence, 19*, 603-618. doi: 10.1177/0886260504263249
- Tang, T. Z., DeRubeis, R. J., Hollon, S. D., Amsterdam, J., & Shelton, R. (2007). Sudden gains in cognitive therapy of depression and depression relapse/recurrence. *Journal of Consulting and Clinical Psychology, 75*, 404-408. doi: 10.1037/0022-006X.75.3.404
- Tannen, T., & Daniels, M. H. (2010). Counsellor presence: bridging the gap between wisdom and new knowledge. *British Journal of Guidance & Counselling, 38*(1), 1-15, doi: 10.1080/03069880903408661
- Tapanya, S. (2001). Psychology in medical settings in Thailand. *Journal of Clinical Psychology in Medical Settings, 8*(1), 69-72. doi: 10.1023/A:1011332024189
- Taylor, C. (1985). *Human agency and language: Philosophical Papers 1*. Cambridge: Cambridge University Press.
- Taylor, C. (1989). Identity and the good. In *Sources of the self: The making of the modern identity*. Cambridge, MA: Harvard University Press.
- Taylor, S. C. R. (1999). *A study of the relationship between Christian education and the belief system of Thai Christians* (Doctoral thesis). Retrieved from <http://thaimissions.info/gsd/collect/thaimiss/index/assoc/HASH0191.dir/doc.pdf>
- Thiemmek, T (2008). *The Effects of Buddhist personal growth and counseling group on santutthi of university students* (Unpublished master's dissertation). Chulalongkorn University, Bangkok, Thailand.
- Thomas, M. L. (2006). The contributing factors of change in a therapeutic process. *Contemporary Family Therapy, 28*, 201-210. doi: 10.1007/s10591-006-9000-4
- Thompson, A. R., & Chambers, E. (2012). Ethical issues in qualitative mental health research. In D. Harper & A. R. Thompson (Ed.), *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. Chicester: John Wiley & Sons.
- Tjeltveit, A. C. (1999). *Ethics and values in psychotherapy*. London: Routledge.
- Tjeltveit, A. C. (2006). To what ends? Psychotherapy goals and outcomes, the good life, and the principle of beneficence. *Psychotherapy: Theory, Research, Practice, Training, 43*, 186. doi: 10.1037/0033-3204.43.2.186
- Tomkins, L., & Eatough, V. (2010). Reflecting on the use of IPA with focus groups: Pitfalls and potentials. *Qualitative Research in Psychology, 7*, 244-262. doi: 10.1080/147808 809031 21491
- Triandis, H. C. (2000). Dialectics between cultural and cross-cultural psychology. *Asian Journal of Social Psychology, 3*, 185-195. doi: 10.1111/1467-839X.00063

- Tuicomepee, A., Romano, J.L., & Pokaeo, S. (2012). Counseling in Thailand: Development from a Buddhist perspective. *Journal of Counselling and Development*, 90, 357–361. doi: 10.1002/j.1556-6676.2012.00044.x
- van Manen, M. (2004). Lived experience. In M. S. Lewis-Beck, A. Bryman, & T. F. Liao (Eds.), *Encyclopedia of Social Science Research Methods*. Thousand Oaks: Sage.
- Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology*, 53, 325–337. doi: 10.1037/0022-0167.53.3.325
- Vogel, D. L., Wade, N. G., & Hackler, A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology*, 54(1), 40-50. doi: 10.1037/0022-0167.54.1.40
- Vogel, D. L., & Wester, S. R. (2003). To seek help or not to seek help: The risks of self-disclosure. *Journal of Counseling Psychology*, 50, 351–361. doi: 10.1037/0022-0167.50.3.351
- Vogel, D. L., Wester, S. R., & Larson, L. M. (2007). Avoidance of counseling: Psychological factors that inhibit seeking help. *Journal of Counseling & Development*, 85, 410–422. doi: 10.1002/j.1556-6678.2007.tb00609.x
- Wada, K., & Park, J. (2009). Integrating Buddhist psychology into grief counseling. *Death Studies*, 33, 657-683. doi: 10.1080/07481180903012006
- Ward, M. R., Linville, D. C., & Rosen, K. H. (2007). Clients' perceptions of the therapeutic process. *Journal of Couple & Relationship Therapy: Innovations in Clinical and Educational Interventions*, 6(3), 25-43. doi: 10.1300/J398v06n03_02
- Watson, V. C., Cooper, M., McArthur, K., & McLeod, J. (2012). Helpful therapeutic processes: Client activities, therapist activities and helpful effects. *European Journal of Psychotherapy & Counselling*, 14(1), 77-89. doi: 10.1080/13642537.2012.652395
- Welwood, J. (2000). *Toward a Psychology of Awakening*. Boston: Shambhala.
- West, W., & Byrne, J. (2009). Some ethical concerns about counselling research. *Counselling Psychology Quarterly*, 22, 309-318. doi: 10.1080/09515070903285668.
- Wilcox-Matthew, L., Ottens, A., & Minor, C. W. (1997). An analysis of significant events in counseling. *Journal of Counseling & Development*, 75, 282-291. doi: 10.1002/j.1556-6676.1997.tb02343.x
- Wilkins, P. (1997). *Personal and professional development for counsellors*. London: Sage.
- Williams, J. M. G. & Kabat-Zinn, J. (2011). Mindfulness: diverse perspectives on its meaning, origins, and multiple applications at the intersection of science and dharma. *Contemporary Buddhism: An Interdisciplinary*, 12(1), 1-18, doi: 10.1080/14639947.2011.564811

- Williams, M. J., McManus, F., Muse, K., & Williams, J. M. G. (2011). Mindfulness-based cognitive therapy for severe health anxiety (hypochondriasis): An interpretative phenomenological analysis of patients' experiences. *British Journal of Clinical Psychology*, 50, 379-397. doi: 10.1111/j.2044-8260.2010.02000.x
- Willig, C. (2008). *Introducing qualitative research in psychology* (2nd ed.). Milton Keynes: Open University Press.
- Willig, C. (2012). *Qualitative Interpretation and Analysis in psychology*. Milton Keynes: Open University Press.
- Witter, R.A., Stock, W.A., Okun, M.A., & Haring, M.J. (1985). Religion and subjective well-being in adulthood: A quantitative synthesis. *Review of Religious Research*, 26, 332-342. Retrieved from <http://www.jstor.org/stable/3511048>
- Woolfolk, R. L. (1998). *The cure of souls: Science, values, and psychotherapy*. San Francisco, CA: Jossey-Bass.
- Woolgar, S. (1988). Reflexivity is the Ethnographer of the Text. In S. Woolgar (Ed.), *Knowledge and Reflexivity: New frontiers in the Sociology of knowledge* (pp. 14-36). London: Sage.
- Wright, J., & Bolton, G. (2012). *Reflective writing in counselling and psychotherapy*. London: Sage.
- Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health*, 15, 215-228. doi: 10.1080/08870440008400302
- Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J.A. Smith (Ed.), *Qualitative Psychology: A practical guide to methods* (2nd ed.). London: Sage.
- Yip, K. S. (2003). A critical Asian response to issues and debates in cross cultural counselling. *Asia Pacific Journal of Social Work and Development*, 13, 117-137. doi: 10.1080/2165093.2003.9755916
- Yip, K. S. (2006). Indigenization of social work: An international perspective and conceptualization. *Asia Pacific Journal of Social Work and Development*, 16(1), 43-55. doi:10.1080/21650993.2006.9755991
- Yuen, M., Leung, S. A., & Chan, R. T. H. (2014). Professional Counseling in Hong Kong. *Journal of Counseling & Development*, 92, 99-103. doi: 10.1002/j.1556-6676.2014.00135.x
- Zerubavel, N., & Wright, M. O. (2012). The dilemma of the wounded healer. *Psychotherapy*, 49, 482-491. doi: 10.1037/a0027824

Appendix 1: Research Ethics Approval



THE UNIVERSITY *of* EDINBURGH

Counselling and Psychotherapy

University of Edinburgh

School of Health in Social Science

Medical School

Teviot Place

Edinburgh EH8 9AG

United Kingdom

16 January 2012

TO WHOM IT MAY CONCERN

CONFIRMATION OF RESEARCH ETHICS APPROVAL FOR MS CHOMPHUNUT SRICHANNIL

On 30 November 2011 Ms Chomphunut Srichannil was granted ethical approval for her PhD research project by the Counselling and Psychotherapy Research Ethics Committee at the University of Edinburgh.

If any party wishes to discuss any details of the ethical issues involved in this research, they may contact the researcher or the Chair of the Counselling and Psychotherapy Research Ethics Committee, as undersigned.

A handwritten signature in cursive script that reads 'Seamus Prior'.

Seamus Prior BSc MSc MSW DipSW PgDipCouns MBACP (Accred)

Chair of the Counselling and Psychotherapy Research Ethics Committee

University of Edinburgh

seamus.prior@ed.ac.uk

Tel +44 – 131 651 6599

Appendix 2: Letter to counsellor

Dear.....

My name is Chomphunut Srichannil. I am writing to you with regard to research I am conducting as part of my PhD study in Counselling Studies at the University of Edinburgh, United Kingdom. During my master degree I was trained in Buddhist counselling in Thailand. My previous counselling training has brought me to the research I am carrying out which focuses on counsellor and client's experiences of Buddhist counselling. The aim of this research is to seek an understanding of what Buddhist Counselling is like, from the client's points of view. I would hope the findings of this study will provide a more comprehensive understanding of the experiences counsellors have in Buddhist Counselling and how from their point of view Buddhist counselling helps clients and a better understanding of Buddhist counselling and its effects, and perhaps help us make some improvements in our practice.

In the study, I would like to conduct a focus group with 4-5 Buddhist counsellors around 60-90 minutes. I also would like to interview each Buddhist counsellors and clients for around 60-90 minutes. For recruiting client, I need your assistance in passing on information about my research project to your previous clients (please see attached file).

I would therefore like to invite you to participate in either group discussion or individual interview, or both. Participating in this research is entirely voluntary. You are under no obligation to participate if you do not wish to; however, if you feel you would have something to contribute to this study or if you feel you would like to take the opportunity to discuss your experience of offering Buddhist counselling, your participation would be greatly appreciated.

I have enclosed an information sheet for more detailed information about the study for your consideration. If you might be interested in participating in this study or if you have any further information about the study, you could contact me using the details below. I will contact you as soon as possible.

Thank you for taking the time to read this.

E-mail: chomphunut.sri@gmail.com or C.Srichannil@sms.ed.ac.uk

Telephone number: +447548689552 (UK number); 0867091525 (Thailand Number)

Appendix 3: Information sheet for potential counsellor participants

“Exploring counsellors’ and clients’ experiences of Buddhist Counselling”

I would like to invite you to take part in my research. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

What is the purpose of the research?

We know very little about counsellors’ and clients’ experiences of Buddhist Counselling. The study therefore aims to seek an understanding of what Buddhist Counselling is like, from the counsellors’ and clients’ points of view. The research is focused on exploring the counsellors’ and clients’ experiences of individual Buddhist Counselling.

My hope is that if we knew more about the counsellor’s experiences of Buddhist Counselling, we might gain a more comprehensive understanding of the experiences counsellors have in Buddhist Counselling and how from their point of view Buddhist Counselling helps clients. This could lead to an enriched understanding of Buddhist Counselling on both practical and theoretical levels. If we knew more about the client’s experiences of Buddhist Counselling, this would provide us with a better understanding of Buddhist Counselling and its effects, and perhaps help us make some improvements in our practice.

Why have I been invited?

You are being invited to take part in this research as you have been working as a Buddhist counsellor for at least 2 years.

What will happen to me if I take part?

There are two parts to the study; in case you wish to take part in this research, you will be able to choose to participate in one or both parts.

Focus Group

Participation in a focus group will involve meeting with 4-5 Buddhist counsellors for a discussion about the process and the outcome of individual Buddhist Counselling practice. The focus group will be facilitated by the researcher. The session will be recorded in order to accurately capture what you say. The session will last around 60-90 minutes. However, you can stop this session at any point, if you wish.

At the end of the focus group, there will be a short debriefing session. This session is for me to summarise the nature of the research and for you to talk about your experience of having been in the focus group.

The focus group transcript will be available to you afterwards if you request it and you will also be offered the opportunity of providing feedback on the content of what you said and on whether your anonymity has been safeguarded sufficiently.

Individual Interview

The interview will be conducted with the researcher at a mutually convenient time and in a private room. The interview questions will ask about your experience of providing individual Buddhist Counselling. The interview session will be recorded. The interview will be one session only and will last around 60-90 minutes. However, you can stop this session at any point, if you wish.

At the end of the interview, there will be a short debriefing session. This session is for me to summarise the nature of the research and for you to talk about your experience of having been interviewed.

The interview transcript will be available to you afterwards if you request it and you will also be offered the opportunity of providing feedback on the content of what you said and on whether your anonymity has been safeguarded sufficiently.

If you are interested in participating in the research or if you would like more information before making a decision, please email me. I will then contact you either to provide/clarify details of the research or to arrange a mutually convenient time and place for the interview/ focus group.

At the meeting, you will be able to ask any questions you have about the study and you then will be asked to sign a consent form confirming your participation in this research. With your permission, the interview/ focus group will be recorded.

Do I have to take part?

Taking part in the research is *entirely* voluntary. It is up to you whether to take part or not. You can withdraw from the study at any time, and you are free to withdraw your consent for your data to be used, up to 2 months after your participation, without giving a reason, and without reimbursement being affected. You also have the right to decline to respond to any questions at any point in the interview/ focus group.

Will my taking part in this study be kept confidential?

I will make every effort to maintain confidentiality and anonymity of the given data. Identifying information about you and your clients will be removed from the transcripts of the audio recordings and will not be included in any publicly available report. Audio recordings, transcripts, and other information will be identified by a code allocated to you. A list linking your code to your name will be kept separately. All materials will be kept in locked cabinet when not in use and computer records will be password protected. All recordings and documents that contain your personal data and actual name can be accessed only by the researcher (Chomphunut Sricahnnil). The anonymous translated transcripts will be consulted and shared with my supervisors. Some translated quotations will be used in the write up of the study, and will be identified by a pseudonym assigned to each participant.

However, if during the interview/focus group, a disclosure is made which indicates abusive practice, this issue will be discussed with the research supervisor and may be referred to an appropriate professional body.

In addition, I have to note that in the case of a focus group, taking part in the focus group may involve some loss of privacy. I cannot ensure absolute confidentiality as it is beyond my ability to control what group members may disclose outside the research setting. To respect each other's privacy, participants will be asked not to tell anyone outside the group what any particular individual said in the group.

After participating, you will be able to review the interview/ focus group transcript if you wish to provide feedback on whether sufficient anonymity has been achieved. If necessary you can suggest further amendments to ensure that nothing that identifies you or your clients will be included in the study report.

The data received will be kept safely for 5 years and then destroyed.

What are the possible disadvantages and risks I should know about before I take part?

The main cost of taking part in this research will be the time taken to complete either the group discussion or the interview, or both (between 60-90 minutes each). Every effort will be made to ensure the focus group and the interview are conducted at a location and time most convenient for you.

Reimbursement

Should you need to travel anywhere to participate in the research, your travel expenses will be fully reimbursed by the researcher at the beginning of the interview/ focus group. Receipt of this reimbursement does not oblige you to answer any questions that you do not wish to answer. You are free to decline to answer any questions at any point in the interview/ focus group. You are also free to withdraw from the study at any time without losing reimbursement.

What are the possible benefits of taking part?

You will be helping to enhance our understanding of Buddhist counselling on both practical and theoretical levels. In addition, the interview process will provide an opportunity for you to share and reflect upon, in a safe setting, your experience of Buddhist counselling practice.

In the focus group, you will have an opportunity to discuss and share your experiences with other Buddhist counsellors. This may facilitate counsellors' learning from each other.

What will happen if I change my mind about participating in the study?

You can withdraw from the study at any time, and you are free to withdraw your consent for your data to be used or published, up to 2 months after your participation, without giving a reason, and without reimbursement being affected. In the event of withdrawing, any given data will be destroyed.

What will happen to the results of the research study?

The results of the research will form part of my doctoral thesis that will be submitted to the University of Edinburgh. The result, including selected quotations from your audio recordings, may also be published in academic journals and may be presented at

conferences. You will not be identifiable in any of these reports. A written summary of the final report will be available for you if you request it.

Who has reviewed the study?

The study has been reviewed and received ethical approval from the School of Health in Social Science Ethics Committee at the University of Edinburgh.

What happens if there is a problem?

If you have any concerns about any aspects of this study, please feel free to speak to me. I will do my best to answer your questions (see contact details below). If you remain unhappy and wish to discuss your concerns further, please contact my research supervisor, Seamus Prior (Email: seamus.prior@ed.ac.uk Tel. +441316516599). If you wish to speak to an independent person about this research, you may contact Professor Liz Bondi (Email: liz.bondi@ed.ac.uk Tel. +441316502529). If, however, you wish to make a formal complaint in relation to this research, you may contact Professor Charlotte Clarke, Chair of the School Ethics Committee (Email: hos.health@ed.ac.uk Tel. +44 (0)131 650 3894).

Who can I contact if I have questions or a complaint?

If you require any further information about the study please do not hesitate to contact me, Chomphunut Srichannil, using the details below. I will contact you as soon as possible.

Researcher: Miss Chomphunut Srichannil

E-mail: chomphunut.sri@gmail.com or C.Srichannil@sms.ed.ac.uk

Telephone number: +447548689552 (UK number), 0867091525 (Thailand number)

Thank you for taking the time to read this information. If you are interested in taking part in the research, please email me by providing the information below (you may copy and paste the statement below into an email message). It would be very helpful, if you could contact me by the 31st December 2011. I will then contact you initially by e-mail on receiving your email. If you would like more information before making a decision, I would be happy to contact you and provide/ clarify details of the research. Alternatively, if you feel you have all the information you need then we could arrange the time and place of interview/ focus group by email or telephone.

Name: _____

Please complete as appropriate:

I would like to have further information on (please specify topics/or ask any questions)

I would be interested in participating in: (underline A, B, or C as appropriate)

A. Focus Group

B. Individual Interview

C. Both focus group and individual interview

I would prefer to be contacted by:

A. Email _____ (email address)

B. Phone _____ (telephone number)

If by phone, I would prefer to be contacted on the following days/ times:

Appendix 4: Letter to counsellor for client recruitment

I am writing to you to ask for your assistance in passing on information about my research project to your previous clients. I would like to find out more about their experience of individual Buddhist counselling and how this has affected them.

My name is Chomphunut Srichannil and I am a research PhD student at the University of Edinburgh. I am currently conducting a study into clients' and counsellors' experiences of Buddhist counselling. I would like to look at the experiences of both clients and counsellors because I think both points of views are important to enhance our understanding of Buddhist counselling. This research is of a qualitative nature and is based on conducting a focus group and interviews with individuals. For clients, I would like to interview them about their experiences of Buddhist counselling and how this has affected them. This does not mean that participants need to talk about any issues which they may feel are private. Participants are free to decline to answer any questions and to withdraw from the study at any time.

I would like to interview clients twice, if they agree. Each interview will last around 60-90 minutes. The information obtained from the clients will be kept strictly confidential. The recordings and documents that contain clients' personal data and actual names will only be accessible to me, the researcher. Identifying information about the clients and their counsellor (if they mention him/her) will be removed from the transcripts of the audio recordings and will not be included in any publicly available report.

I would therefore like to ask you if you could pass on the information and documents (attached) about my project to your previous clients who:

- Received six or more individual Buddhist Counselling sessions;
- Completed their counselling no longer than 3 months ago;
- Are aged no less than 18 years old; and
- Did not have serious mental problems such that participating in the interview could have a negative impact on their well-being.

I would like you only to tell the clients about the purpose of the research, and tell them that their participation in this study is voluntary and that it is up to them if they wish to take part. Then provide them with the three attached documents (Letter to Client, Participant Information Sheet, and Interview Schedule). If any clients are interested in participating in my study, they can contact me using the information contained in the Participant Information Sheet.

Appendix 5: Letter to Client: Research Invitation

My name is Chomphunut Srichannil and I am a research PhD student at the University of Edinburgh. I am currently conducting a study into clients' and counsellors' experiences of Buddhist counselling. I would like to look at the experience of both clients and counsellors because I think both points of views are important to enhance our understanding of Buddhist counselling. It is for this reason that your previous counsellor has been asked to contact you. I hope the findings of this study will provide:

- A more comprehensive understanding of the experience counsellors have of Buddhist Counselling and how from their point of view Buddhist counselling helps clients; and
- A better understanding of Buddhist counselling and its effects, which will perhaps help us to make some improvements in our practice

In order to carry out this study I will be asking both clients and counsellors willing to be involved to meet with me and talk about their experiences of Buddhist counselling. This does not mean that the participants need to talk about any issues which they may feel are private. Participants are free to decline to answer any question and to withdraw from the study at any time.

I would therefore like to ask you if you would be interested in participating in this study. Your participation in this study will involve two interview sessions about your experiences of Buddhist counselling and how this has affected you. Each interview will last around 60-90 minutes. Participation in this research is entirely voluntary. You are under no obligation to participate if you do not wish to; however, if you feel you have something to contribute to this study or if you feel you would like to take this opportunity to discuss your experiences of Buddhist counselling, your participation would be greatly appreciated. Your contribution may also help us to improve our counselling services.

I have enclosed an information sheet for more detailed information about the study for your consideration. If you are interested or if you would like any further information about the study, you can contact me, Chomphunut Srichannil, using the details below. I will then contact you as soon as possible.

Thank you for taking the time to read this.

Appendix 6: Information sheet for potential client participants

“Exploring counsellors’ and clients’ experiences of Buddhist Counselling”

I would like to invite you to take part in my research. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

What is the purpose of the research?

We know very little about counsellors’ and clients’ experiences of Buddhist Counselling. The study therefore aims to seek an understanding of what Buddhist Counselling is like, from the counsellors’ and clients’ points of view. My hope is that if we knew more about the counsellor’s experiences of Buddhist Counselling, we might gain a more comprehensive understanding of the experiences counsellors have in Buddhist Counselling and how from their point of view Buddhist counselling helps clients. This could lead to an enriched understanding of Buddhist Counselling on both practical and theoretical levels. If we knew more about the client’s experiences of Buddhist Counselling, this would provide us with a better understanding of Buddhist Counselling and its effects, and perhaps help us make some improvements in our practice.

Why have I been invited?

You are being invited to take part in this research as you have participated in (Buddhist) counselling.

What will happen to me if I take part?

Interviews will be two sessions, the first interview you will be asked about your experience of seeing your counsellor and how it has affected you. The second interview acts as a follow-up. The interviews will be conducted with the researcher at a mutually convenient time and in a private room. The interview session will be recorded. Each interview will last around 60-90 minutes. However, you can stop this session at any point, if you wish.

At the end of the interview, there will be a short debriefing session. This session is for me to summarise the nature of the research and for you to talk about your experience of having been interviewed.

The interview transcripts will be available to you afterwards if you request it and you will also be offered the opportunity of providing feedback on the content of what you said and on whether your anonymity has been safeguarded sufficiently.

If you are interested in participating in the research or if you would like more information before making a decision, please email me. I will then contact you either to provide or clarify details of the research or to arrange a mutually convenient time and place for the interviews.

At the meeting, you will be able to ask any questions you have about the study and you then will be asked to sign a consent form confirming your participation in this research. With your permission, the interviews will be recorded.

Do I have to take part?

Taking part in the research is *entirely* voluntary. It is up to you whether to take part or not. Although you have received the information through your counsellor, the counsellor will not be informed of your participation. You have the right to withdraw from the study at any time without giving a reason, and without having any negative effects, up to two months after participating in the interview. You also have the right to decline to respond to any questions at any point in the interview.

Will my taking part in this study be kept confidential?

I will make every effort to maintain confidentiality and anonymity of the given data. Identifying information about you and any person you mention will be removed from the transcripts of the audio recordings and will not be included in any publicly available report. Audio recordings, transcripts, and other information will be identified by a code allocated to you. A list linking your code to your name will be kept separately. All materials will be kept in locked cabinet when not in use and computer records will be password protected. All recordings and documents that contain participants' personal data and actual names can be accessed only by the researcher (Chomphunut Sricahnnil). The anonymous translated transcripts will be consulted and shared with my supervisors. Some translated quotations will be used in the write up of the study, and will be identified by a pseudonym assigned to each participant.

However, if, during the interview, a disclosure is made which indicate serious concerns about safety of the participant and other people who may be endangered by the participant's behaviour, this issue will be discussed with the research supervisor and may be refereed on to an appropriate professional body.

After participating, you will be able to review the interview transcript, if you wish, to provide feedback on whether sufficient anonymity has been achieved. If necessary you can suggest further amendments to ensure that nothing that identifies you or any person you mention will be included in the study report.

All the data received will be destroyed 5 years after completing the study.

What are the possible disadvantages and risks I should know about before I take part?

The main cost of taking part in this research will be the time taken to complete the two-session interviews (between 60-90 minutes each). Every effort will be made to ensure the interview are conducted at a location and time most convenient for you

I hope that you will find our discussion enjoyable; however, it is possible that you may talk about some sensitive issues or become distressed. If this happens and you do not wish to continue with the interview, you can stop at any time. In this case, you will be offered the

opportunity to discuss the interview and the issues raised. I will also provide information on appropriate services or support available which you might find helpful.

Payments

To thank you for your participation in this study, you will be offered 400 Baht by the researcher at the beginning of each interview. Receipt of these payments does not oblige you to answer any questions that you do not wish to answer. You are free to decline to answer any questions at any point in the interviews. You are also free to withdraw from the study at any time without losing payments.

What are the possible benefits of taking part?

You will be helping to enhance our understanding of Buddhist Counselling and its effects, which may help us to improve our practice. In addition, the interview process will provide an opportunity for you to share and reflect upon, in a safe setting, your experience of counselling and how it has affected you.

What will happen if I change my mind about participating in the study?

You are free to withdraw from the study at any time and without giving a reason during the interviews and after (up to two months from the time of the second interview). In the event of withdrawing, any given data will be destroyed.

What will happen to the results of the research study?

The results of the research will form part of my doctoral thesis that will be submitted to the University of Edinburgh. The result, including selected quotations from your audio recordings, may also be published in academic journals and may be presented at conferences. You will not be identifiable in any of these reports. A written summary of the final report will be available for you if you request it.

Who has reviewed the study?

The study has been reviewed and received ethical approval from the School of Health in Social Science Ethics Committee at the University of Edinburgh.

What if there is a problem?

If you have a concern about any aspect of this study, please feel free to speak to me. I will do my best to answer your questions (see contact detailed below). If you remain unhappy and wish to complain formally or discuss your concerns further, please contact my research supervisor, Seamus Prior (Email: seamus.prior@ed.ac.uk Tel. +441316516599). If you wish to consult someone who is completely independent about the research, please contact Professor Liz Bondi (Email: liz.bondi@ed.ac.uk Tel. +441316502529). If you wish to have a formal complaints about my research or related discomfort, please contact Professor Charlotte Clarke, Chair of the School Ethics Committee (Email: hos.health@ed.ac.uk Tel. +44 (0)131 650 3894).

What if I have questions?

If you require any further information about the study please do not hesitate to contact me, Chomphunut Srichannil, using the details below. I will contact you as soon as possible.

Researcher: Miss Chomphunut Srichannil

E-mail: chomphunut.sri@gmail.com or C.Srichannil@sms.ed.ac.uk

Telephone number: +447548689552 (UK number), 0867091525 (Thailand number)

If you agree to take part in the study you will be asked to sign a form (example attached) where you give your consent (written agreement) to take part in the study. This does not mean that you cannot withdraw; you can withdraw from the study at any time, and you are free to withdraw your consent for your data to be used, up to 2 months after your participation. You will be provided with a copy of the signed consent sheet.

Thank you for taking the time to read this information. If you are interested in taking part in the research, please email me by providing the information below (you may copy and paste the statement below into an email message). If you would like more information before making a decision, I would be happy to contact you and provide/ clarify details of the research. Alternatively, if you feel you have all the information you need then we could arrange the time and place of interviews by email or telephone.

Name: _____

Age: _____

Which kind of counselling have you received?

1. Individual Counselling
2. Group Counselling

How many times have you seen your counsellor? _____

I would prefer to be contacted by:

A. Email _____ (email address)

B. Phone _____ (telephone number)

If by phone, I would prefer to be contacted on the following days / times:

Appendix 7: Focus group guide

Introduction

1. Thank you for volunteering to participate in this discussion.
2. If any counsellor is required to travel to participate in the research, their travel expenses incurred will be fully reimbursed in cash and the counsellor will be informed that:
 - This reimbursement is just for the cost of your travel expenses, and not for what you are going to say in the focus group today. You are still free to not answer any question and to withdraw from the study without reimbursement being affected.
3. Inform the participants of the following information:
 - I am interested in hearing about your own experience of Buddhist Counselling. The focus group discussion today will focus on your shared or divergent understanding of the processes and outcomes of Buddhist counselling. The information you give will lead to a better understanding of Buddhist counselling from the Buddhist counsellor's point of view.
 - We all have our own unique experience of Buddhist Counselling practice. I would therefore like to hear and understand what Buddhist counselling is and what it looks like in practice for each of you.
 - I am hoping to generate rich stories about Buddhist Counselling, and there are no right or wrong answers. Everything you say about your understanding of Buddhist Counselling is useful for me and I hope to create an environment in which you can be as open with me as possible about your practice and without fear of judgment or criticism. However, if you do not wish to answer any questions please just say so and if you want to stop the discussion at any point, that is fine as well.
 - What you say will be treated as confidential and your name will not appear in any research findings.
 - The focus group discussion is confidential. In order to respect each other's privacy, I would like to ask you all not to discuss any specific details of the focus group discussion with anyone outside the group.
 - The focus group will last around 60-90 minutes.
 - Is it okay with you if I record the discussion?
4. Give the participants the choice of looking over the information sheet again.
 - Would you like to look through the information sheet again?
 - Are there any additional questions you would like to ask me?
5. Give out the participant consent form.
 - Signing this form is to confirm that you understand what your participation entails, but it does not commit you to complete the study. Your participation in this study is entirely

voluntary. At any time up to 2 months after your participation, you are free to withdraw your consent for your data to be used or published.

6. Ask the participants' permission to record the interview session.

- Is everyone okay if start to record the discussion now?

Focus Group

A. Process

• How would you explain to a counsellor, who doesn't work in Buddhist Counselling, what it is like working in Buddhist Counselling?

- What is distinctive about it?
- How/why did you become a Buddhist counsellor?
- What problems do clients come to you with?
- How do you understand suffering in your clients' lives, and how do you help them? / How does Buddhist Counselling try to help clients?
- What are the Buddhist concepts that inform your practice?
- What role do those Buddhist concepts play in your work with clients?
- Are there other theoretical approaches that have been particularly important to you? How do you integrate these?

B. Outcome

- How effective do you think Buddhist Counselling is?
 - What client problems do you find your Buddhist counselling to work particularly well with?
 - What client problems, if any, do you find Buddhist Counselling to be less helpful with?
- Has practising Buddhist Counselling had an impact on you?
 - Prompt: Personally/ professionally
 - If yes, in how/ in what ways?
 - Give me example

Ending

1. Finish the interview.

- Those are my questions. Is there anything else you would like to say or to ask me about?

2. Inform the participants of the following information about the second consent form.

- You will be able to get a copy of your focus group transcript. If you are not happy with your anonymity or/and something you said, you can ask me to amend it, but I am afraid, no later than 1st May 2012, as I will be in the stages of analysing the data and of writing up the

research and therefore may not be able to make significant changes. Would you like to receive a copy of the transcript?

- You will also be able to receive a copy of a summary of the study findings when it is completed. Would you like that?

- To present the results of the study, selected quotation from the transcripts may be included. So, would it be okay with you if I used direct (and anonymous) quotes from the transcripts in my study report.

(Give the participants the second consent form)

Debriefing

1. Inform the participant about the debriefing session.

- I wanted to take a little time to talk to you about your experience of the study.

- How did the study go?/How did you feel about participating in the study? (General, Focus group discussion, information about the study, confidentiality)

- Were there any aspects of the study that were particularly easy or difficult for you?

- What reasons made you decide to take part in the study?

- Do you have any other questions about the study?

(Give the participants the debriefing form and thank them again)

Appendix 8: Interview guide for counsellor participants

Introduction

1. Thank you for volunteering to be interviewed.
2. If any counsellor is required to travel to participate in the research, their travel expenses incurred will be fully reimbursed in cash and the counsellor will be informed that:
 - This reimbursement is just for the cost of your travel expenses, and not for what you are going to say in the interview today. You are still free to not answer any question and to withdraw from the study without reimbursement being affected.
3. Inform the participants of the following information:
 - I am interested in hearing about your own experience of practising Buddhist Counselling. The information you give will help me to have a better understanding of the experience counsellors have of Buddhist Counselling and how from their point of view Buddhist Counselling helps clients.
 - We all have our own unique experience of Buddhist Counselling practice. I would like to hear and understand what Buddhist Counselling looks like for you, from your point of view, so please tell me as much as you can about your own experience of practising Buddhist Counselling.
 - There are no right or wrong answers. I am not going to judge your practice. I am hoping to generate rich stories about Buddhist counselling and this involves talking about successes and failures. All of this is useful data for me and I hope to create an environment in which you can be as open with me as possible about your practice without fear of judgment or criticism. However, if you do not wish to answer any question please just say so and if you want to stop the interview at anytime that is fine as well.
 - What you say will be treated as confidential and your name will not appear in any research findings.
 - The interview will last around 60-90 minutes.
 - Is it okay with you if I record the interview?
4. Give the participant the choice of looking over the information sheet again.
 - Would you like to look through the information sheet again?
 - Are there any additional questions you would like to ask me?
5. Give the participant consent form.
 - Signing this form is to confirm that you understand what your participation entails, but it does not commit you to complete the study. Your participation in this study is entirely voluntary. At any time up to 2 months after your participation, you are free to withdraw your consent for your data to be used or published.

6. Ask the participant permission to record the interview session.

Interview

A. Motivation

- How did you become a Buddhist counsellor?
 - Why did you choose to practise Buddhist Counselling?

B. Lived experience

- Would you please tell me about your experience of practising Buddhist Counselling?
 - Please tell me anything you want about it.
 - What has it been like for you?
 - What does it feel like?
 - Give me an example?

C. Process

- Could you describe what happens in your meetings with clients?
 - What problems do clients come to you with?
 - How do you understand suffering in your clients' lives, and how do you help them?
 - What are the Buddhist concepts that inform your practice?
 - What role do those Buddhist concepts play in your work with clients?
 - Give me an example?

D. Outcome

- How effective do you think Buddhist counselling is?
 - What client problems do you find your Buddhist counselling to work particularly well with?
 - What client problems, if any, do you find Buddhist counselling to be less helpful with?
 - Give me an example?
 - Has practising Buddhist counselling had an impact on you? (If yes, how/ in what ways?)

Ending

1. Finish the interview.

- Those are my questions. Is there anything else you would like to say or to ask me about?

2. Inform the following information of the second consent form.

- You will be able to get a copy of your interview transcript. If you are not happy with your anonymity or/and something you said, you can ask me to amend it, but I am afraid, no later than 1st May 2012, as I will be in the stages of analysing the data and of writing up the research and therefore may not be able to make significant changes. Would you like to receive a copy of the transcript?

- You will also be able to receive a copy of a summary of the study findings when it is completed. Would you like that?

- To present the results of the study, selected quotation from the transcripts may be included. So, would it be okay with you if I used direct (and anonymous) quotes from the transcripts in my study report.

(Give the participant the second consent form)

Debriefing

1. Inform the participant about the debriefing session.

- I wanted to take a little time to talk to you about your experience of the study.

- How did the study go?/How did you feel about participating in the study? (General, Interview, information about the study, confidentiality)

- Were there any aspects of the study that were particularly easy or difficult for you?

- What reasons made you decide to take part in the study?

- Do you have any other questions about the study?

(Give the participants the debriefing form and thank them again)

Appendix 9: Interview guide for client participants

First interview

Introduction

1. Thank you for volunteering to be interviewed.
2. Make payment and inform the participants that:
 - This payment is just a gesture of goodwill for your time, and not for what you are going to say in the interview today. You are still free to not answer any question and to withdraw from the study without reimbursement being affected.
3. Inform the participants of the following information:
 - I am interested in hearing about your own experience of receiving counselling. The information you give will help us understand more about the client's experience of counselling and its effects.
 - I would like you to talk freely about your experience. There are no right or wrong answers. The most important thing is your own feeling and opinion about your counselling experience. However, if you do not wish to answer any questions please just say so and if you want to stop the interview at any point that is fine as well.
 - What you say will be treated as confidential and your name will not appear in any research findings.
 - Each participant will be interviewed twice and each interview will last around 60-90 minutes.
 - Is it okay with you if I record the interview?
4. Give the participant the choice of looking over the information sheet again.
 - Would you like to look through the information sheet again?
 - Are there any additional questions you would like to ask me?
5. Give the participant consent form.
 - Signing this form is to confirm that you understand what your participation entails, but it does not commit you to complete the study. Your participation in this study is entirely voluntary. At any time up to 2 months after your participation, you are free to withdraw your consent for your data to be used or published.
6. Ask the participant's permission to record the interview session.
 - Could I now record our conversation?

Interview

A. Motivation

- Why did you start seeing the counsellor?
 - Was this the first time that you met a counsellor?
 - Why did you come to see your counsellor?
 - What influenced you in deciding to see the counsellor?
 - What was your attitude about seeing a counsellor before you started seeing one?

Has your attitude changed?

B. Expectations and wishes for counselling

- What did you think would happen in the meeting with your counsellor?
- What were your hopes about meeting with the counsellor?

C. Lived Experience

- Would you please tell me about your experience of meeting with your counsellor?
 - Please tell me anything you want about it.
 - What has it been like for you?
 - What has it felt like?
 - Give me an example?

D. Process

- Could you tell me what happened in your meetings with your counsellor?
 - How did the counselling work?
 - Can you explain what your counsellor did?
 - How did the counsellor respond to concerns you brought to the meetings?
 - Can you explain what you did?
 - Was there anything that you think could have been done differently? (or, if you could change anything about the meetings, what would it be?)
 - Give me an example?

E. Outcome

- How do you feel about the overall outcome of the meetings?
- What did you like most?
- What did you like least?
- Would you consider seeing a counsellor again? If so why?
- Would you decline to see a counsellor again? If so why?
- Would you recommend seeing a counsellor to anyone else? Why?
- Did seeing the counsellor have any impact on you?
 - If yes, how/ in what ways?

- What do you think contributed to this change? (from the counsellor and counselling, from experiences outside the counselling, or synergy between the counselling and everyday life)
- Could you describe your experience of any specific aspects of (Buddhist) counselling that you feel resulted in these changes?
- Give me an example?

Ending

1. Finish the interview.

- Those are my questions. Is there anything else you would like to say or to ask me about? Thank you very much for talking with me today. That was very helpful.

2. Inform the participant of the following information about the second consent form.

- You will be able to get a copy of your interview transcript. If you are not happy with your anonymity or/and something you said, you can ask me to amend it. Would you like to receive a transcript?
- You will also be able to receive a copy of a summary of the study findings when it is completed. Would you like that?
- To present the results of the study, selected and anonymous quotation from the transcripts may be included. So, would it be okay with you if I used direct quotes from the transcripts in my report.

(Give the participant the second consent form.)

3. Ask the participants if they wish to take part in the second interview.

- As the aim of this study is to get as rich data of your counselling experience as possible, I would like to invite you for a second interview. The second interview is for you to amend or subtract something you said today, or to add something more to today's account; it also allows me to ask for further information, examples or clarification. So, I would like to ask if you wish to come for the second interview.

(If they agree to take part in a second interview, I will arrange a convenient time with them and will offer to send them the transcript of their first interview before the start of the second interview, so they have time to read it and reflect on it, if they wish.)

- Could I send the transcript to you and ask you to read it through?
- If you want to add anything to what you said, make a note on the transcript and tell me more about this at our next meeting.

Debriefing

1. Inform the participant about a debriefing session.

- I wanted to take a little time to talk to you about your experience of the study.

- How did the study go?/How do you feel about participating in the study? (General, Interview, information about the study, confidentiality)
 - Were there any aspects of the study that were particularly easy or difficult for you?
 - What reasons made you decide to take part in the study?
 - Do you have any other questions about the study?
- (Give the participants the debriefing form and thank them again)

Second Interview

(Follow the same procedure as in the first interview: making payments, reminding participants about their rights in the research, answering any questions the participants have, and signing consent forms.)

Below is my initial/ provisional script that I may use with the participants:

- Thank you for agreeing to speak with me again. I would like to ask you some questions to clarify something and gain a little more detail on some of the topics we talked about last time. Is that okay for you?
- You said that/ you mentioned that... Could you explain that a little more?
- Is there anything else you would like to add or say?

Appendix 10: Consent form for counsellor participants (Focus group)

Consent Form for Counsellor

Title of project: Exploring counsellors' and clients' experiences of Buddhist Counselling

Researcher: Chomphunut Srichannil

PhD Research student

School of Health in Social Science, University of Edinburgh

Medical School, Teviot Place, Edinburgh, EH8 9AG, United Kingdom

Signing this form does not commit you to completing the study.

At any time up to two months, you remain free to leave the study without giving any reason for doing so.

Please initial the boxes to the right of each statement to indicate that you have understood and agree to the statement:

- ☐ I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- ☐ I understand that my participation is voluntary and that I am free to withdraw from the study at any time during the focus group, and I am free to withdraw my data to be used, up to two months after your participation, without giving a reason, and without my reimbursement being affected.
- ☐ I understand that the reimbursement is a gesture of goodwill for my participation's travel expenses and my acceptance of it in no way affects my participation in, or withdrawal from, the study.
- ☐ I give consent for my discussion to be recorded.
- ☐ I understand that all information I provide will be treated as confidential and will be anonymised.
- ☐ I understand that some details about me may appear in publicly available reports but that information which identifies me will not be used.
- ☐ I understand that relevant sections of my data collected during the study, may be looked at by individuals from the University of Edinburgh. I give permission for these individuals to have access to my data.
- ☐ I understand that the results of this study will form part of Chomphunut's doctoral thesis that will be submitted to the University of Edinburgh.

- ☐ I understand that the results of this study may be published in academic journals and may be presented at conferences.
- ☐ I understand that the focus group discussion is confidential and I agree not to talk about specific details of the focus group discussion with anyone outside the group.
- ☐ I agree to take part in this study.

_____	_____	_____
Name of Participant	Signature	Date
_____	_____	_____
Name of Researcher	Signature	Date

Appendix 11: Consent form for counsellor participants (Interview)

Consent Form for Counsellor

Title of project: Exploring counsellors' and clients' experiences of Buddhist Counselling

Researcher: Chomphunut Srichannil

PhD Research student

School of Health in Social Science, University of Edinburgh

Medical School, Teviot Place, Edinburgh, EH8 9AG, United Kingdom

Signing this form does not commit you to completing the study.

At any time up to two months, you remain free to leave the study without giving any reason for doing so.

Please initial the boxes to the right of each statement to indicate that you have understood and agree to the statement:

- ☐ I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- ☐ I understand that my participation is voluntary and that I am free to withdraw from the study at any time during the focus group, and I am free to withdraw my data to be used, up to two months after your participation, without giving a reason, and without my reimbursement being affected.
- ☐ I understand that the reimbursement is a gesture of goodwill for my participation's travel expenses and my acceptance of it in no way affects my participation in, or withdrawal from, the study.
- ☐ I give consent for my interview to be recorded.
- ☐ I understand that all information I provide will be treated as confidential and will be anonymised.
- ☐ I understand that some details about me may appear in publicly available reports but that information which identifies me will not be used.
- ☐ I understand that relevant sections of my data collected during the study, may be looked at by individuals from the University of Edinburgh. I give permission for these individuals to have access to my data.

- ☐ I understand that the results of this study will form part of Chomphunut's doctoral thesis that will be submitted to the University of Edinburgh.
- ☐ I understand that the results of this study may be published in academic journals and may be presented at conferences.
- ☐ I understand that the focus group discussion is confidential and I agree not to talk about specific details of the focus group discussion with anyone outside the group.
- ☐ I agree to take part in this study.

_____	_____	_____
Name of Participant	Signature	Date

_____	_____	_____
Name of Researcher	Signature	Date

Appendix 12: Consent form for client participants

Consent Form for Clients

Title of project: Exploring counsellors' and clients' experiences of Buddhist Counselling

Researcher: Chomphunut Srichannil

PhD Research student

School of Health in Social Science, University of Edinburgh

Medical School, Teviot Place, Edinburgh, EH8 9AG, United Kingdom

Signing this form does not commit you to completing the study.

At any time up to two months, you remain free to leave the study without giving any reason for doing so.

Please initial the boxes to the right of each statement to indicate that you have understood and agree to the statement:

- ☐ I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- ☐ I understand that my participation is voluntary and that I am free to withdraw from the study at any time during the interview, and I am free to withdraw my data to be used, up to two months after your participation, without giving a reason, and without my reimbursement being affected.
- ☐ I understand that the payment is a gesture of goodwill for my participation's time and my acceptance of it in no way affects my participation in, or withdrawal from, the study.
- ☐ I give consent for my interview to be recorded.
- ☐ I understand that all information I provide will be treated as confidential and will be anonymised.
- ☐ I understand that some details about me may appear in publicly available reports but that information which identifies me will not be used.
- ☐ I understand that relevant sections of my data collected during the study, may be looked at by individuals from the University of Edinburgh. I give permission for these individuals to have access to my data.

- ☐ I understand that the results of this study will form part of Chomphunut's doctoral thesis that will be submitted to the University of Edinburgh.
- ☐ I understand that the results of this study may be published in academic journals and may be presented at conferences.
- ☐ I agree to take part in this study.

_____	_____	_____
Name of Participant	Signature	Date

_____	_____	_____
Name of Researcher	Signature	Date

Appendix 13: Consent form after participating in the research

Consent Form after participating in the research

Title of project: Exploring counsellors' and clients' experiences of Buddhist Counselling

Researcher: Chomphunut Srichannil

PhD Research student

School of Health in Social Science, University of Edinburgh

Medical School, Teviot Place, Edinburgh, EH8 9AG, United Kingdom

Please tick box of each statement to indicate that you agree or disagree:

	Please tick box	
	Yes	No
1. I agree to the use of anonymised direct quotes from the information I provided in publications and presentations.	<input type="checkbox"/>	<input type="checkbox"/>
2. I would like to receive a copy of my anonymous transcript.	<input type="checkbox"/>	<input type="checkbox"/>
3. I would like to receive a summary of the results of this study.	<input type="checkbox"/>	<input type="checkbox"/>

_____	_____	_____
Name of Participant	Signature	Date

_____	_____	_____
Name of Researcher	Signature	Date

Appendix 14: Debriefing form for counsellor participants (Focus group)

Debriefing Form (Focus Group)

Exploring counsellors' and clients' experiences of Buddhist Counselling

Thank you for your participation in this study. Your time and effort given to the study are much appreciated. The aim of this research is to gain a better understanding of counsellors' and clients' experiences of Buddhist Counselling.

I invited both clients and counsellors to discuss their experiences of offering and receiving individual Buddhist Counselling. In this study, you were asked to share and discuss your understanding of Buddhist Counselling and your experience of offering individual Buddhist Counselling. Your input will contribute to a better understanding of the experience counsellors have in Buddhist Counselling, and of how Buddhist Counselling helps clients.

The focus group discussion is confidential, and to respect each other's privacy it would be appreciated if you did not talk about any specific details of the focus group discussion with anyone outside the group.

If you have requested to receive either a copy of the interview transcript or a summary of the results of this study, or both, I will send these to you by email when they are available. Regarding the interview transcript, if you are not happy with your anonymity and/or something you said, you can ask me to amend it by emailing me. However, any amendment requests must be submitted no later than 1st May 2012, as at this time I will be analysing and writing up my research.

If you have further questions or any concerns about your participation or the data you have provided, please feel free to contact the researcher (Chomphunut Srichannil) by using the contact details provided below.

Thank you again for your participation.

Chomphunut Srichannil
PhD student in Counselling Studies
School of Health in Social Science, University of Edinburgh
Medical School, Teviot Place, Edinburgh EH8 9AG, United Kingdom
chomphunut.sri@gmail.com

Appendix 15: Debriefing form for counsellor participants (Interview)

Debriefing Form (Interview)

Exploring counsellors' and clients' experiences of Buddhist Counselling

Thank you for your participation in this study. Your time and effort given to the study are much appreciated. The aim of this research is to gain a better understanding of counsellors' and clients' experiences of Buddhist counselling.

I invited both clients and counsellors to discuss their experiences of offering and receiving Buddhist Counselling. In this study, you were asked to talk about and reflect on your experience of practising Buddhist Counselling. Your input will contribute to a better understanding of the experience counsellors have of Buddhist Counselling, and of how Buddhist counselling tries to help clients.

If you have asked for a copy of your interview transcript or/and a copy of summary of the research findings, I will send them to you to the e-mail address you have provided. For the interview transcript, if you are not happy with your anonymity or/and something you said, you can contact me and ask me to amend it, but I am afraid, no later than 1st May 2012, as I will be in the stages of analysing the data and of writing up the research and therefore may not be able to make significant changes.

If you have further questions or any concerns about your participation or the data you have provided, please feel free to contact the researcher (Chomphunut Srichannil).

Thank you again for your participation.

Chomphunut Srichannil
PhD student in Counselling Studies
School of Health in Social Science, University of Edinburgh
Medical School, Teviot Place, Edinburgh EH8 9AG, United Kingdom
chomphunut.sri@gmail.com

Appendix 16: Debriefing form for client participants

Debriefing Form

Exploring counsellors' and clients' experiences of Buddhist Counselling

Thank you for your participation in this study. Your time and effort given to the study are much appreciated. The purpose of this research is to gain a better understanding of counsellors' and clients' experience of counselling.

I invited both clients and counsellors to discuss their experiences of offering and receiving counselling. In this study, you were asked to talk about your experience of receiving counselling. Your input will lead to a better understanding of the client's experience of counselling and the effects of counselling, and this may perhaps contribute to the effectiveness of our counselling practice.

In the event that you feel distressed by participation in this study and you would like to speak to someone about your thoughts and feelings, you may contact Chula Wellness Centre, Boromratchonnee Seesatrapot Building, Fifth floor, Soi Chula 12, Phayathai Road, Pathumwan, Bangkok 10330 (Tel: 02-218 1171 or hotline: 02-218 0336).

If you have further questions or any concerns about your participation or the data you have provided, please feel free to contact the researcher (Chomphunut Srichannil) by email chomphunut.sri@gmail.com. In addition, if you feel a need to speak to a professional about any uncomfortable feelings arising from your participation in this research, please contact one of the following:

- Seamus Prior, the research supervisor
(Email: seamus.prior@ed.ac.uk; Tel. +441316516599).
- Professor Liz Bondi, Programme Leader, Counselling and Psychotherapy
(Email: liz.bondi@ed.ac.uk; Tel. +441316502529).
- Professor Charlotte Clarke, Chair of the School Ethics Committee
(Email: hos.health@ed.ac.uk; Tel. +44 (0)131 650 3894).

Thank you again for your participation.

Appendix 17: Final table of themes: Counsellors' experiences of Buddhist Counselling

Superordinate themes	Participants contributing to the themes	Subthemes	Participants contributing to the sub-themes	Abridged examples
Theme 1: Buddhist Counselling as cultural congruence	All	BC as cultural congruence for the practitioner	All	<p>M: Being a Buddhist may help me to appreciate the Buddhist ways, and when I understand Buddhist ways I may accept Buddhist Counselling or more easily see that Buddhist ideas can be useful.</p> <p>D: I see that my outlook on the problems and the nature of the human mind is based on Buddhist ideas. What I mean is that Buddhist worldview is inside me and I always carry this part with me.</p> <p>P: Buddhist ideas in Buddhist Counselling are not new for me. Since I was young I have always heard people around me talking about them.</p> <p>N: As I'm a Buddhist and also practising Buddhist Counselling. Both two aspects of my life go well with each other.</p> <p>S: I came to the training as I felt this approach is what I was looking for. It is an approach that fits my personal belief.</p>
		BC as cultural congruence for the client	Four out of five	<p>M: I think many Buddhist ideas are already there; they are part of their common knowledge and beliefs. So, I think this makes it easier for me to work with the clients.</p> <p>D: When I work with the clients using Buddhist ideas, I feel they match and go well with the clients' views and beliefs.</p> <p>N: Buddhist ideas I use in my work is ideas that my clients are generally familiar with.</p> <p>S: I think many Buddhist ideas are programmed in all our clients. They have the ideas already.</p>
Theme 2: Conceptualising Buddhist Counselling	All	The root of suffering	All	<p>M: Suffering arises, when mind has a desire that cannot be met.</p> <p>D: Suffering for me is caused by clinging on to something that is not real in the present.</p> <p>P: When there is a mismatch between what they want and what they get, suffering arises.</p> <p>N: There are many stories, but finally there is only one problem. It's hard to live or accept what actually happens.</p>

		Therapeutic goals	All	<p>S: Trying to control things causes their suffering. Suffering arises from their minds, so we need to solve the problem at its root.</p> <p>M: I try to help the clients to see the reality, to be free from their expectations, and to be in harmony with the rules of nature.</p> <p>D: The clients need to understand their suffering clearly, to understand what they are facing, and if they can understand their suffering clearly, then ... then they will find a way to deal with the situation more suitably.</p> <p>P: I don't only focus on problem solving, what I mostly try to do is to focus on growth, as I believe suffering can be reduced by growth.</p> <p>N: The goal is to take the clients from attachment to less attachment, from darkness to brightness, from a narrow to a wider space, and from avijja [ignorance] to vijja [knowledge].</p> <p>S: I aim to help clients to see that suffering actually arises from themselves, not others or other things. So, suffering can be solved from themselves.</p>
		Tuning in as pivotal	All	<p>M: To be able to do so [tuning in], I need to put my expectations, and my desires aside.</p> <p>D: I need to be fully present with my client in order to fully connect with them and understand them.</p> <p>P: When I felt that to help the client I had to do this or that, my mind wasn't peaceful, and this means that I was increasing the client's suffering</p> <p>N: Tuning in is bringing ourselves to connect to the clients' worlds in order to understand how the clients really feel, to understand them through their eyes.</p> <p>S: When I talked to a client and when I was really peaceful, eventually at one point I realised that it should be like this.</p>
		The Four Noble Truths as a map	All	<p>M: I have a map, The Four Noble Truths, and I use this map to guide me how to work with a client.</p> <p>D: The Four Noble Truths enable me to see where the client's mind is.</p> <p>P: The term "Buddhist" doesn't mean knowing Buddhist teachings thoroughly [...] we don't know that much, but we know about the map, the map that tells us what suffering is and how to help those who suffer reduce their suffering.</p>

				<p>N: The Four Noble Truths are my map that use in my work.</p> <p>S: Buddhist Counselling is about understanding the Four Noble Truths, and these understandings help me to work with clients.</p>
Theme 3: The intertwinement between the personal and the professional	All	Internalising the Four Noble Truths	All	<p>M: The clearer you understand the Four Noble Truths in your life, the clearer you can understand them in clients.</p> <p>D: Knowing my own suffering helps me to work with my clients. When I work with my clients, I don't think, I think less, I'm just with them, and I can understand the client's suffering - what and where the client's suffering is.</p> <p>P: Before offering the service, I think it's necessary to test by trial and error what we will use in our profession by ourselves first.</p> <p>N: I mean the counsellor needs to look ... look at their own problems and their own mind using Buddhist ideas as well.</p> <p>S: What I try to do with myself is what I try to do with clients as well.</p>
		Observing Buddhist practices	All	<p>M: I use mindfulness, and also sometime meditation and chanting to develop my ability to be in the present.</p> <p>D: Mindfulness helps me to know the state of my mind and its movements.</p> <p>P: Doing Buddhist practice can give me the ability to do so, to help me to be a counsellor longer, not only in the counselling room.</p> <p>N: I practise daily mindfulness to be aware of my feelings, my thought, my action in daily, and I found this very helpful in my counselling work.</p> <p>S: Meditation helps me to be able to pay attention to what is happening in myself, like seeing that this is my anger.</p>
		Experiencing the effectiveness	All	<p>M: I think being able to help myself is important, to help myself when suffering, it makes me faithful to the profession as I don't wear a mask and then do counselling.</p> <p>D: This made me see that what I did worked; it was effective, so I felt it was a shame if I stopped doing it.</p> <p>P: If I hadn't studied this subject, I would have done something else, and my life and career might be separate things, but doing this there is no separation between my professional life and my personal life.</p>

				<p>N: From the result of my counselling work, I feel this is the work that is helpful to others, useful to clients who come to see me, and this keeps me continuing this work.</p> <p>S: When I do it and it works, I feel I want to continue doing it.</p>
Theme 4: The experience of difficulties	All	<p>Unknown profession</p> <p>Insecure profession</p>	<p>All</p> <p>All</p>	<p>M: Most people still don't know about our service.</p> <p>D: When Thais talk about mental health, they normally think of a psychiatrist. They rarely know what a psychologist is, and especially what a counsellor does ... most of them ask who are they?</p> <p>P: Counselling in Thailand, it ... it's still not widespread, as people who use the service are labelled abnormal.</p> <p>N: In Thailand, people still think that others, not they, should get psychological help, and they still think that the time to go to the service is when having psychotic symptoms.</p> <p>S: Most of my clients don't know about counselling.</p> <p>M: When people don't know about us, they don't come, and this of course directly affects my income, and the security of my career.</p> <p>D: Another obstacle is the income. In terms of living, this makes life uncomfortable.</p> <p>P: As the service is not well-known, this makes it difficult for me to be fully practise as a full-time counsellor.</p> <p>N: When clients come to see us, there is no difficulty, but the most difficulty is when they don't come.</p> <p>S: The number of counsellors is quite small, and few people understand it, so it's quite difficult for the clients to come to see us.</p>

Appendix 18: Final table of themes: Clients' experiences of Buddhist Counselling

Superordinate themes	Participants contributing to the themes	Subthemes	Participants contributing to the sub-themes	Abridged examples
Theme 1: Pathways to counselling	All	Uncertainty	All, except Sirin	W: At that time I didn't have any idea about counselling, how it might help, that was my doubt, how could I feel better because of it. M: At first I felt afraid, afraid whether this would be confidential.
		Helplessness	All	W: At that time they were so severe that I couldn't stop thinking, and I only took medicine until I felt I couldn't bear that suffering. S: I didn't know what to do, and my problem became so serious that I couldn't bear it anymore, so I gave it a try. M: I felt hopeless, anything that could help, I would grasp immediately, I even had suicidal thought, I got depressed. I couldn't bear it anymore.
		Hope	All	W: So I tried [counselling] and hoped this could help me stop taking medicine. S: I went to see the counsellor as I hoped to have someone who could guide me, or help me to see how I should deal with this problem. M: I came to see [the counsellors' name] as I wanted to be like a normal person.
Theme 2: Clients' perceptions of Buddhist counsellors	All	Buddhist counsellor as a friend	All	W: It was like two people exchanging their ideas. S: He was like my true friend who understood me. M: She was like a close friend, a close friend who understood me and who I could say anything to.
		Buddhist counsellor as an expert	All	W: He told me things and what he said sounded reasonable. S: The word counsellor means this person is knowledgeable. M: She studied so she knew about psychological symptoms, um if this person has this symptom, they will feel like this.

Theme 3: Buddhist aspects in Buddhist Counselling	All	Letting go of attachment	All	W: I can't live with them forever, one day we would have to separate. S: It was like he tried to help me to accept the situation ... what had already happened. M: The problem, if it knocks on our door, just don't open it or let it come inside.
		Being in the present	All	W: I told him about chanting. We had some discussion about that and he encouraged me to continue doing it, as it may help me to be peaceful. S: He asked "what do you think you can do at this moment?" And what I could do at that moment was to accept the reality. M: When I kept talking about the same things the counsellor encouraged me to be mindful, to focus on the present.
		Compassion	All	W: I did all the best I could do for them, and whatever happens I should accept it. S: And when he reflected my feelings, he said things like "you are patient", "you care for others". I felt he gave me encouragement, and this made me feel better. M: She helped me to be kinder to myself and this helped me a lot to stop blaming myself.
Theme 4: The impact of Buddhist Counselling	All	The influence of the counsellor's words	All	W: Just the words—I can't live with my children forever, I should do my best and just this, I should be happy, something like this. When I suffer, I think about these words. S: And I believed in him, so I remembered his words and followed that way. M: I remembered when the counsellor said if I don't open the door, no one can hurt me. I tried to think like this.
		Religious practices	All	W: When I met the counsellor, I used what I gained to help me, I did chanting. S: I normally use chanting to feel better. M: When I try meditating and chanting myself, yeah that's why many people have spread the word about it, um it was effective.
		The experience of change	All	W: He tried to find a way to turn on the light to help me find a way to walk, it was his words that helped me walk, how I should walk, how I should think. S: But when I talked to the counsellor I felt like I got some of my suffering out, um, then I could see some light and learned to accept them. M: I felt like I was dead and born again; it was like there was a log to hold onto while I was sinking. I could hold onto this log and not go with the current.

Appendix 19: Summary of studies that examined the effectiveness of Buddhist Counselling on clients

Study	N	Participants	Research design	Experimental group(s)	Control group(s)	Outcome measure(s)	Main results
Chitnealwong (2006)	16	Undergraduate students	Pre-post control group design	BC group; N=8, 6 sessions of 3 h	N=8	Resilience scale	BC group>Control group: increased scores on resilience.
Srichannil (2006)	16	Undergraduate students	Pre-post control group design	BC group; N=8, 6 sessions of 3 h	N=8	Satisfaction with life scale	BC group>Control group: increased scores on life satisfaction.
Kulasoop (2007)	16	Undergraduate nursing students	Pre-post control group design	BC group; N=8, 6 sessions of 3 h	N=8	Self-adjustment scale	BC group>Control group: increased scores on self-adjustment.
Sukchalearn (2007)	14	Soldiers	Pre-post control group design	BC group; N=7, 5 sessions of 3 h	N=7	Emotional intelligence scale	BC group>Control group: increased scores on emotional intelligence.
Kotheeranurak (2008)	28	Undergraduate students	Pre-post control group design, and semi-structured interviews	2 BC groups; N=7 for each group, 6 sessions of 3 h; an interview with 5 participants	2 control groups; N=7 for each group	Altruism scale	BC groups>Control groups: the post-test and 2-week follow-up scores on altruism were increased.
Muangthai (2008)	36	Drug-addicted patients in rehabilitation period	Pre-post control group design, and semi-structured interview	3 BC groups; N=6 for each group, 5-6 sessions of 3 h; an interview with 6 participants	3 control groups; N=6 for each group	Psychological well-being scale	- BC groups>Control groups: increased scores on psychological well-being. - Reports pf a relief of suffering, increased self-acceptance, and positive relationship with others.
Purananon (2008)	28	Employees	Pre-post control group design,	BC group; N=7, 7 sessions of 3 h	3 control groups; N=7 each group. Group 1 received individual BC, Group 2 was taught the Eightfold Path, and Group 3 was individually taught the Eightfold Path	- Mettā scale - Peace Scale	- Scores on the two scales were increased significantly in the experimental group and in one of the control group (i.e., those received individual BC). - Mettā was found to have partial mediating effect on the development of peace.

Study	N	Participants	Research design	Experimental group(s)	Control group(s)	Outcome measure(s)	Main results
Saetang (2008)	12	Undergraduate students	Pre-post control group design, and semi-structured interview	BC group; N=6, 6 sessions of 3 h; an interview with 6 participants	N=6	Sense of coherence scale	<p>- BC group>Control group: the post-test and 2-week follow-up scores on sense of coherence were increased; No change on those scores was found between the post-test and follow-up period.</p> <p>- Reports of gaining new perspectives of life; life was described as comprehensible, manageable and meaningful.</p>
Saenubol (2010)	41	Undergraduate students	Pre-post control group design, and semi-structured interviews	2 BC groups; N=14 for group 1 (BC group followed by <i>Ānāpānasati</i> training), and N=13 for group 2 (<i>Ānāpānasati</i> training followed by BC group), 7 sessions of 3 h for each experimental activity; an interview with 5 participants	N=14	<p>- <i>Upekkhā</i> scale</p> <p>- Abbreviated <i>paññā</i> scale</p>	<p>- Group1: BC group>Control group: scores on both scales were increased; <i>Ānāpānasati</i> training>Control group: no statistically significant improvements in <i>upekkhā</i>, but increases in scores were observed on <i>paññā</i>.</p> <p>- Group 2: <i>Ānāpānasati</i> training=Control group: scores on <i>upekkhā</i> were increased, but no change in scores on <i>paññā</i>; BC group>Control group: scores on <i>upekkhā</i> were increased, but no change in scores on <i>paññā</i>.</p>
Paramaputi (2011)	30	Women in post breast cancer treatment	Pre-post control group design, and semi-structured interview	2 BC groups; N=7 for group 1 and N=8 for group 2, 6 sessions of 3 h	2 Control groups; N=7 for group 1 and N=8 for group 2	<i>Paññā</i> scale	BC groups>Control groups: increased scores on <i>paññā</i> .

Appendix 20: Summary of studies that explored clients' lived experiences of counselling

Authors	Aims of the study	Counselling approach	Research approach	Research methods	Main results relating to clients' perspectives of the therapeutic process and the impacts of it
O'Connor, St. James, Meakes, & Pickering (1997)	To explore clients' experiences of narrative therapy.	Narrative therapy	Ethnography	Semi-structured interviews with 8 families who were at various stages of narrative therapy.	<p>The participant valued the feeling of being understood, accepted, and treated as the experts on their own family experiences.</p> <p>The participants felt the qualities of the therapeutic relationship enabled them to make some changes to their own problems.</p>
Mason & Hargreaves (2001)	To explore clients' experiences of MBCT in the mental-health context.	MBCT	Grounded theory	Semi-structured interviews with 7 participants after the week following MBCT.	<p>The participants' experiences of MBCT were found to be influenced by their initial expectations of MBCT.</p> <p>They reported the impact of mindfulness meditation in terms of discovery.</p>
Messari & Hallam (2003)	To explore clients' understandings and experiences of CBT for psychosis.	CBT	Discourse analysis	Semi-structured interviews with 5 clients with psychosis	<p>The participants positioned their counsellors as "healers" who helped them to feel better and "educators" who were active and directive in helping them to understand and accept their illness.</p> <p>As a result of CBT, the participants felt that they had learnt coping skills, gained new perspectives, and developed more accepting attitude.</p>
Clarke, Rees, & Hardy (2004)	To describe clients' experiences of cognitive therapy (CT) and their understandings of how change occurs.	Cognitive therapy	Grounded theory	Semi-structured interviews with 5 clients who received 12 and 20 sessions of individual cognitive-behavioural therapy for depression	<p>The participants valued the feeling of being understood and they also found the specific components of CT, namely "thought diary" and "thought challenging" useful.</p> <p>The participants felt CT helped them to develop new perspectives. They also felt more confident about themselves, more compassionate with themselves, and being better able to let go of things that they had little power over.</p>

Bury, Raval, & Lyon (2007)	To explore clients' experiences of psychoanalysis.	Psychoanalysis	IPA	Semi-structured interviews with 6 young participants	<p>The participants considered their counsellors as key in the therapeutic process. They placed a high value on being listened, understood, and accepted by their counsellors. However, almost all the participants felt the power imbalance in the therapy and this made them reluctant to challenge their counsellors.</p> <p>No report about the impact of the therapy on the participants.</p>
Hodgetts, Wright, & Gough (2007)	To explore clients' experiences of dialectical behaviour therapy (DBT).	DBT	IPA	Semi-structured interviews with 12 participants with Borderline Personality Disorder	<p>The participants considered their counsellors' qualities and support as significant to their positive experience of DBT. They also referred to specific interventions of DBT, such as homework assigned by therapists, as helpful.</p> <p>The participants reported changes in terms of the increased ability to control their emotion.</p>
Fitzpatrick, Simpson, & Smith (2010)	To explore experiences of mindfulness-based cognitive therapy (MBCT) from the perspectives of clients with Parkinson's disease.	MBCT	IPA	Semi-structured interviews with 12 participants with Parkinson's disease (PD)	<p>The participants found the group intervention of MBCT useful as it allowed them to share similar concerns.</p> <p>They also reported "relaxation", "calmness", and "inner peace", as a result of attending MBCT.</p>
Poulsen, Lunn, & Sandros (2010)	To explore bulimic clients' experiences of individual psychodynamic psychotherapy.	Psychodynamic therapy	A combination of grounded theory and Giorgi's phenomenological approach	Semi-structured interviews with 14 clients with bulimia nervosa.	<p>All the participants valued being listened to, accepted, and understood by their counsellors. They also valued the counsellors' relational skills, such as the ability to clarify and make connections, the ability to ask good questions, and the counsellors' encouragement of their emotional expressions.</p> <p>Following the therapy, all the participants reported change in terms of the improvement of their understanding of BN and also their bulimic symptoms.</p>

Rayner, Thompson, & Walsh (2011)	To explore clients' experiences of receiving cognitive analytic therapy (CAT).	CAT	Grounded theory	15 semi-structured interviews with 9 participants	<p>The participants valued talking to their counsellors whom they perceived as friendly, caring, truthful, reassuring, encouraging, personal, and sympathetic.</p> <p>As a result of CAT, most participants reported general positive changes within themselves: having a better understanding about their feelings which led them to doing things differently, being kinder to themselves, finding a relief, gaining new perspectives, developing self-confidence and self-esteem, and having a better relationship with others.</p>
Williams, McManus, Muse, & Williams (2011)	To explore clients' experiences of MBCT and its impact on self-managed practice.	MBCT	IPA	Semi-structured interviews with 9 clients after the 3 months of participating in MBCT	<p>The participants valued the group-based intervention of MBCT where they could share their similar concerns. They also valued the variety and flexibility of MBCT practices from which they could choose practices that most suited for them.</p> <p>The participants perceived the approach as a useful treatment: it helped them to find a relief and to have a more positive outlook on their lives.</p>
Donnellan, Murray, & Harrison (2012)	To explore adolescents' experiences of cognitive behavioural therapy (CBT).	CBT	IPA	Semi-structured interviews with 3 female adolescents	<p>The participants considered the quality of the therapeutic relationship and the CBT techniques as significant to their positive experiences of CBT.</p> <p>The participants considered CBT as helpful in helping them better control their emotions and develop new perspectives.</p>
Pert, Jahoda, Kroese, Trower, Dagnan & Selkirk (2013)	To explore clients' experiences of CBT for mild intellectual disabilities (IDs).	CBT	IPA	Two semi-structured interviews with 15 participants with mild IDs during session four and session nine of receiving CBT.	<p>The participants placed a high value on the therapeutic relationship; warmth, empathy, and validation from their counsellors.</p> <p>They also identified several positive changes; being able to cope with their problems and developing their positive sense of self and relationships with others.</p>

Appendix 21: Publication and presentations based on the thesis

Published Paper

Srichannil, C., & Prior, S. (2014). Practise what you preach: Counsellors' experience of practising Buddhist Counselling in Thailand. *International Journal for the Advancement of Counselling*, 36, 243-261. doi: 10.1007/s10447-013-9204-x

Paper presentations at national and international conferences

Clients' experiences of Buddhist Counselling in Thailand. Symposium presented at BACP Research Conference, Edinburgh, United Kingdom. May 2012.

Buddhist Counselling from the perspectives of the practitioners. Paper presented at Intercultural Counselling and Education in the Global World, Verona, Italy. April 2013.

Buddhist Counselling: An interpretative phenomenological analysis of counsellors' experiences. Paper presented at BACP Research Conference, Birmingham, United Kingdom. May 2013.